

(REFERENCE COPY - Not for submission) Request for Silent Authority of a Full Power FM Station Application

 File Number:
 BLSTA-20081210AEC
 Submit Date:
 12/10/2008
 Lead Call Sign:
 KBDS
 Facility ID:
 456

FRN: 0006159495

Service: Full Power FMPurpose: Request for Silent STAStatus: DismissedStatus Date: 11/16/2009Filing Status:Inactive

General Information	Section	Question			Response		
	Attachments	Are attachments (other than associated schedules) being filed with this application?					
Applicant Information	Applicant Name, Type, and Contact Information						
momation	Applicant		Address	Phone	Email	Applicant Type	
	RADIO CAMPESINA BAKERSFIELD, INC. Applicant Doing Business As: RADIO CAMPESINA BAKERSFIELD, INC.		29700 TEHACHAPI ROAD P. O. BOX 62 KEENE, CA 93531 United States	+1 (661) 837- 0745		ОТН	
Contact Representatives	Contact Name	Address	Phone	E	mail Con	tact Type	
(1)	ANNE THOMAS PAXSON BORSARI & PAXSON	4000 ALBEMARLE STREET, N.W. +1 (202) SUITE 100 WASHINGTON, DC 20016 United States		296-4800 Legal Representative			
Station Status	Section	Question			Response	•	
	Station Status	Date the station went/will go silent:			11/15/2008		
		Reason for going sile	ent:		Financing		
					1		

Certification	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	

	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503). 	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	ANTHONY F. CHAVEZ

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1284195_706731.txt</u>	Applicant	All Purpose	JUSTIFICATION	Done with Virus Scan and/or Conversion