

Submit Date: 12/09/2011 | Lead Call Sign: WRTE | Facility ID: 10794

FRN: 0007620651

Service: Full Power FM Purpose: Resume Operations Status: Granted Status Date: 12/12/2011 Filing Status: Active

General Information	Section	Question			Res	Response	
	Attachments	Are attachments (other than associated schedules) being filed with this application?			edules) being		
Applicant Information	Applicant Name, Type, and Contact Information						
mormation	Applicant		Address	Phone	Email	Applicant Type	
	NATIONAL MUSEUM OF MEXICAN ART Applicant Doing Business As: NATIONAL MUSEUM OF MEXICAN ART		1852 W. 19TH ST. CHICAGO, IL 60608 United States	+1 (312) 455-9455	VALDIVIA@RADIOAI ORG	RTE. OTH	
Contact Representatives	Contact Name	Addre	SS	Phone	Email	Contact Type	
(1)	FRANCISCO R. MONTERO FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States		+1 (703) 812- 0480	MONTERO@FHHL COM	AW. Legal Representative	
Station Status	Section	Question			Res	ponse	

S	Section	Question	Response	
	Station Status	Date the station resumed full power/operations:	12/05/2011	

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.	JORGE VALDIVIA

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1479327_1009598.</u> <u>txt</u>	Applicant	All Purpose	PARAMETERS OF RESUMPTION	Done with Virus Scan and/or Conversion