

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

File Number: BLESTA-20100826AEZ | Submit Date: 08/26/2010 | Lead Call Sign: DKPKJ | Facility ID: 93073

FRN: 0005019690

Service: Full Power FM | Purpose: STA Extension | Status: Granted | Status Date: 11/01/2010 | Filing Status: Active

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

Applicant	Address	Phone	Email	Applicant Type
CALVARY CHAPEL OF ALBUQUERQUE, INC. Applicant Doing Business As: CALVARY CHAPEL OF ALBUQUERQUE, INC.	4001 OSUNA RD. ALBUQUERQUE, NM 87109 United States	+1 (505) 344- 9146		OTH

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
HARRY C. MARTIN, ESQUIRE FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0415	MARTIN@FHHLAW. COM	Legal Representative

Extension Request

Section	Question	Response
Extension Request	Reason for going silent:	Technical
	Please enter the new requested expiration date:	

Certification

General Certification The Applic		
Statements frequency regulatory previous u otherwise, with this a	cant waives any claim to the use of any particular or of the electromagnetic spectrum as against the power of the United States because of the see of the same, whether by authorization or and requests an Authorization in accordance oplication (See Section 304 of the sations Act of 1934, as amended.).	

The Applicant certifies that neither other party to the application is suffederal benefits pursuant to §530 Act of 1988, 21 U.S.C. § 862, becomessession or distribution of a concertification does not apply to apple exempted under §1.2002(c) of the 2002(b) of the rules, 47 CFR § 1.2 of "party to the application" as used 1.2002(c). The Applicant certifies in this application and in the exhibit documents incorporated by refere of this application, and are true, or made in good faith.	oject to a denial of of the Anti-Drug Abuse ause of a conviction for crolled substance. This cations filed in services rules, 47 CFR . See §1. 002(b), for the definition d in this certification § hat all statements made ts, attachments, or nee are material, are part
FAILURE TO SIGN THIS APPLICATION OF ANY FEES PAID Upon grant of this application, the be subject to certain construction Failure to meet the construction owill result in automatic cancellation Consult appropriate FCC regulations construction or coverage requirement of Authorization requested in this WILLFUL FALSE STATEMENTS OR ANY ATTACHMENTS ARE PAND/OR IMPRISONMENT (U.S. AND/OR REVOCATION OF ANY	Authorization Holder may or coverage requirements. coverage requirements of the Authorization. Instead to determine the entst hat apply to the type application. MADE ON THIS FORM UNISHABLE BY FINE Code, Title 18, §1001)

SKIP HEITZIG

Attachments

Authorized Party to Sign

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1397167 891059.txt</u>	Applicant	All Purpose	NATURE OF REQUEST	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\22\A-1397167 F-93073 L- 22653-BLESTA-20100826AEZ.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion

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.