

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

Submit Date: 02/06/2019 Lead Call Sign: KOZB Facility ID: 16777 File Number: BLESTA-20190206ABA

FRN: 0028315117 Service: Full Power FM

Purpose: STA Extension Status: Granted Status Date: 03/25/2019

Filing Status: Inactive

Response

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
REIER BROADCASTING COMPANY, INC. Applicant Doing Business As: REIER BROADCASTING COMPANY, INC.	P.O. BOX 20 BOZEMAN, MT 59718 United States	+1 (406) 587-9999	LICENSES@KBOZ. COM	ОТН

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
(1)	MATTHEW H. MCCORMICK FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	MCCORMICK@FHHLAW. COM	Legal Representative

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

with this application (See Section 304 of the Communications Act of 1934, as amended.).

Certification	Section	Question
	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

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	WILLIAM R. REIER, SR
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). 	
	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.	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1799715_1528304.txt</u>	Applicant	All Purpose	REASON FOR REQUEST	Done with Virus Scan and/or Conversion
<u>D:\data\prod\cdbs\letters\\90\A-1799715_F-16777_L-</u> 90282-BLESTA-20190206ABA.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion