

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

File Number: BLESTA-20170525AMS | Submit Date: 05/25/2017 | Lead Call Sign: KCPL | Facility ID: 92452

FRN: 0005864608

Service: Full Power FM | Purpose: STA Extension | Status: Granted | Status Date: 06/26/2017 | 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
CENTRO FAMILIAR CRISTIANO Applicant Doing Business As: CENTRO FAMILIAR CRISTIANO	10612 15TH AVE. SW SEATTLE, WA 98146 United States	+1 (206) 658-3135	CENTROFAMILIARCRISTIANO777@YAHOO.	ОТН

#### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
JESSICA T. NYMAN, ESQ. PILLSBURY WINTHROP SHAW PITTMAN LLP	1200 SEVENTEENTH STREET, NW WASHINGTON, DC 20036 United States	+1 (202) 663-8810	JESSICA. NYMAN@PILLSBURYLAW. COM	Legal Representative

### Extension Request

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

#### 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.).	

#### **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.

#### **ARTURO GONZALES**

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
1757238 1450895.txt	Applicant	All Purpose	EXTENSION OF STA	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\77\A-1757238 F- 92452 L-77329-BLESTA-20170525AMS.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion