

## (REFERENCE COPY - Not for submission) Suspension of Operations of a Full Power FM Station Application

File Number: Submit Date: 08/08/2016 Lead Call Sign: WFYB Facility ID: 174153

## FRN: 0003293008

Purpose: Suspension of Operations Service: Full Power FM Status: Granted Status Date: 08/08/2016 Filing Status: Inactive

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	

## Applicant

Applicant Name, Type, and Contact Information

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Applicant	Address	Phone	Email	Applicant Type
MAINE PUBLIC BROADCASTING CORPORATION Applicant Doing Business As: MAINE PUBLIC BROADCASTING CORPORATION	1450 LISBON STREET LEWISTON, ME 04240 United States	+1 (207) 783-9101	GMAXWELL@MPBN. NET	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
<b>BARRY S. PERSH</b> GRAY MILLER PERSH LLP	1200 NEW HAMPSHIRE AVE., N.W. SUITE 410 WASHINGTON, DC 20036 United States	+1 (202) 776- 2458	BPERSH@GRAYMILLERPERSH. COM	Legal Representative

Station Status	Section	Question	Response
	Station Status	Date Station Suspended Operations:	

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM</li> </ul>	
	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).	ALEXANDER G. MAXWELL, JR.

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1736018_1412847.</u> <u>txt</u>	Applicant	All Purpose	SILENT STATUS NOTIFICATION	Done with Virus Scan and/or Conversion