

## (REFERENCE COPY - Not for submission) Full Power FM Digital Notification Application

File Number:BDNH-20050616AEISubmit Date:06/16/2005Lead Call Sign:WMGXFacility ID:58548

## FRN: 0009269424

Service: Full Power FMPurpose: Digital NotificationStatus: PendingStatus Date: 06/22/2005Filing Status:Active

Information       Attachments       Are attachments (other than associated schedules) being filed with this application?         Applicant Information       Applicant Name, Type, and Contact Information         Applicant Information       Applicant Contact Information         SAGA COMMUNICATIONS OF NEW Program in GROSSE POINTE Doing Business As: SAGA COMMUNICATIONS OF NEW United States       11 (313)       MLOBAITO@SAGACOM.       OTH         Contact Name       Address       Phone       Email       Contact Type         Section       Contact Name       Address       Phone       Email       Contact Type         Digital Notification       Section       Cuession       Response       Contact Type         Intervention       Licensee's Technical Representatives       First Name:       Image: Commenced or Commence or	General	Section	Question					Response	
Information     Applicant     Address     Phone     Email     Applicant Type       SAGA COMMUNICATIONS OF NEW ENGLAND, LLC Applicant Doing Business As: SAGA COMMUNICATIONS OF NEW ENGLAND, LLC     73 KERCHEVAL AVENUE GROSSE FOINTE FARMS, MI 48236 United States     +1 (313) 886-7070     MLOBAITO @SAGACOM.     OTH       Contact Representatives (0)     Contact Name     Address     Phone     Email     Contact Type       Digital Notification     Section     Question     Email     Contact Type       Licensee's Technical Representative:     The date new or modified digital operation commenced or ceased:     Response       Licensee's Technical Representative:     First Name:     Image:     Image:     Image:       Licensee's Technical Representative:     First Name:     Image:     Image:     Image:       Effective Radiated Power     Analog (kW):     Image:     Image:     Image:       Image:     Image:     Image:     Image:     Image:     Image:       Ima	Information	Attachments							
Applicant       Address       Phone       Email       Applicant Type         SAGA COMMUNICATIONS OF NEW ENGLAND, LLC       73 KERCHEVAL AVENUE       +1 (313) 886-7070       MLOBAITO® SAGACOM.       OTH         Applicant       GROSSE FOINTE       886-7070       COM       COM       OTH         Contact Amount Cattons of NEW ENGLAND, LLC       FARMS, MI 48236       +1 (313)       MLOBAITO® SAGACOM.       OTH         Contact Name       Address       Phone       Email       Contact Type         England       Contact Name       Address       Phone       Email       Contact Type         Digital Notification       Section       Question       Response       Response         Ite date new or modified digital operation commenced or ceased       The date new or modified digital operation commenced or digital operation commenced or ceased       First Name:       Image:		Applicant Name, Type, a	nd Cont	act Inform	nation				
ENGLAND, LLC Applicant Doing Business As: SAGA COMMUNICATIONS OF NEW ENGLAND, LLC       AVENUE GROSSE POINTE FARMS, MI 4236 United States       886-7070       COM         Contact Representatives (0)       Contact Name       Address       Phone       Email       Contact Type         Digital Notification       Section       Question       Response         I       The date new or modified digital operation commenced or ceased       The date new or modified digital operation ceased:       First Name:       Image: Commence or ceased         I       Licensee's Technical Representative:       First Name:       Image: Commence or ceased       Image: Commence or ceased         I       Effective Radiated Power       Analog (kW):       Image: Combined systems (kW):       Image: Combined systems (kW):         I       Englital Operation combined systems (kW):       Image: Combined for low-level combined systems (kW):       Image: Commence or ceased	Information	Applicant		Address Phone		Email		Applicant Type	
Representatives (0)       Section       Question       Response         Digital Notification       Section       Question       Response         The date new or modified digital operation commenced or ceased       The date new or modified digital operation commenced or ceased:       Image: Contract rype         Licensee's Technical Representative:       First Name:       Image: Contract Representative:       Image: Contract Representative:         Effective Radiated Power       Analog (kW):       Image: Contract Representative:       Image: Contract Representative:         Digital (kW):       Contract Output Power       Combined for low-level combined systems (kW):       Image: Contract Representative:         Transmitter Output Power       Combined for low-level combined systems (kW):       Image: Contract Representative:		ENGLAND, LLC Applicant Doing Business As: SAGA COMMUNICATIONS OF NEW		AVENUE GROSSE F FARMS, M	POINTE I 48236			SAGACOM.	OTH
Notification       The date new or modified digital operation commenced or ceased       The date new or modified digital operation commenced or ceased:         Licensee's Technical Representative:       First Name:       Image: Commence         Licensee's Technical Representative:       First Name:       Image: Commence         Image: Commence       Image: Commence       Image: Commence         Image: Commence       Phone:       Image: Commence         Image: Commence       Image: Commence       Image: Commence       Image: Commence         Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence         Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence       Image: Commence	Representatives	Contact Name	Addre	255	Phone	E	imail	Contact Typ	e
The date new or modified digital operation commenced or ceasedThe date new or modified digital operation commenced or ceased:Licensee's Technical Representative:First Name:Last Name:Last Name:Phone:Analog (kW):Effective Radiated PowerAnalog (kW):Digital (kW):Combined for low-level combined systems (kW):Transmitter Output PowerCombined for low-level combined systems (kW):		Section	Questic	on				Response	•
Representative:Last Name:Last Name:Phone:Phone:Phone:Effective Radiated PowerAnalog (kW):Digital (kW):Digital (kW):Transmitter Output PowerCombined for low-level combined systems (kW):Analog for separate analog systems (kW):Analog (kW):		digital operation							
Phone:Effective Radiated PowerAnalog (kW):Digital (kW):Digital (kW):Transmitter Output PowerCombined for low-level combined systems (kW):Analog for separate analog systems (kW):Analog (kW):			First Name:						
Effective Radiated PowerAnalog (kW):Digital (kW):Digital (kW):Transmitter Output PowerCombined for low-level combined systems (kW):Analog for separate analog systems (kW):Analog for separate analog systems (kW):			Last Name:						
Digital (kW):       Transmitter Output Power       Combined for low-level combined systems (kW):       Analog for separate analog systems (kW):			Phone:						
Transmitter Output Power       Combined for low-level combined systems (kW):         Analog for separate analog systems (kW):		Effective Radiated Power	Analog (kW):						
Analog for separate analog systems (kW):									
		Transmitter Output Power							
Digital for separate digital systems (kW):									
Licensee certifies its analog effective radiated nower will			Digital for separate digital systems (kW):						

 Digital for separate digital systems (kW):

 Licensee certifies its analog effective radiated power will remain as authorized after commencement of digital operations

 Licensee certifies that, except for digital power, its facilities conform to the iBiquity Digital Corporation hybrid specification

Licensee certifies that its interim digital operations will not cause human exposure to levels of radio frequency radiation in excess of Section 1.1310 of the Commission's rules and is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b)	
The type of notification:	

## Certification Section Question Response **General Certification** The Applicant waives any claim to the use of any particular **Statements** 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. FAILURE TO SIGN THIS APPLICATION MAY RESULT IN Authorized Party to Sign 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.

## Attachments

Information not provided.