

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

 File Number:
 Submit Date: 07/24/2017
 Lead Call Sign: KLCF
 Facility ID: 175456

FRN: 0004121000

Service: Full Power FMPurpose: Suspension of OperationsStatus: GrantedStatus Date: 07/27/2017Filing Status:Inactive

General Information	Section	Question			Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?			
Applicant	Applicant Name, Type, a	nd Contact Informa	tion		
Information	Applicant	Address	Phone	Email	Applicant Type
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Applicant	ROCKLIN, CA			
Doing Business As: EDUCATIONAL	95765			
MEDIA FOUNDATION	United States			

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
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Station Status	Section	Question	Response
	Station Status	Date Station Suspended Operations:	

Certification	Ce	rtifi	cati	on
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	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.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDUpon 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.	MIKE NOVAK

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1762180 1457698.txt</u>	Applicant	All Purpose	EXHIBIT 4	Done with Virus Scan and/or Conversion