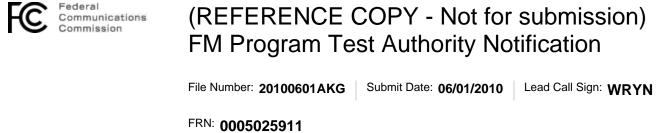
Facility ID: 90249



 Service: Full Power FM
 Purpose: Program Test Authority
 Status: Granted
 Status Date: 06/29/2010
 Filing Status:

 Inactive
 Inactive
 Status Date: 06/29/2010
 Filing Status:

General Information	Section	Question			Response		
	Attachments	Are attachments filed with this ap	(other than associa	ing			
Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant Add	dress	Phone	Email	Applicant Type		
Contact Representatives (0)	Contact Name	Address	Phone	Email	Contact Type		
Station Status	Section	Question			Response		
	Station Status	Date station con	nmenced Program T	est Authority:	06/29/2010		

Certification

n	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.).	
		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 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	

Attachments

Information not provided.