

## (REFERENCE COPY - Not for submission) Full Power FM Engineering STA Application

 File Number:
 BSTA-20050408ADZ
 Submit Date:
 04/08/2005
 Lead Call Sign:
 KILI
 Facility ID:
 36443

## FRN: 0012240776

Service: Full Power FMPurpose: Engineering STAStatus: GrantedStatus Date: 04/19/2005Filing Status: Active

| General<br>Information           | Section     | Question   | Response |
|----------------------------------|-------------|--|----------|
|                                  | Attachments | Are attachments (other than associated schedules) being filed with this application? |          |
|                                  |             |  |          |
| Fees, Waivers,<br>and Exemptions | Section     | Question   | Response |
|                                  | Fees        | Is the applicant exempt from FCC application Fees?                                   | No       |
|                                  |             | Indicate reason for fee exemption:   |          |
|                                  |             | Is the applicant exempt from FCC regulatory Fees?                                    |          |
|                                  | Waivers     | Does this filing request a waiver of the Commission's rule (s)?                      |          |
|                                  |             | Total number of rule sections involved in this waiver request:                       |          |

| Applicant<br>Information          | Applicant  |   | Address  |                  | Phone | Email     | Applicant Type |
|-----------------------------------|--|---|--|------------------|-------|-----------|----------------|
|                                   | LAKOTA COMMUNICATIONS INC.<br>Applicant<br>Doing Business As: LAKOTA COMMUNICATIONS INC. |   | PO BOX 150<br>PORCUPINE, SD 57772<br>United States |                  |       | ОТН       |                |
| Contact<br>Representatives<br>(0) | Contact Name   | Address   | Phone  | Email            | Co    | ntact Tyj | be             |
| STA Purpose                       | Section  | Question  |  |                  |       | Respons   | e              |
|                                   | STA Purpose  | This Special Temporar   | y Authority is req                                 | uested for use c |       |           |                |
| Certification                     | Section  | Question  |  |                  | 1     | Respons   | e              |
|                                   | General Certification<br>Statements  | The Applicant waives any claim to the use of any particular<br>frequency or of the electromagnetic spectrum as against the<br>regulatory power of the United States because of the<br>previous use of the same, whether by authorization or<br>otherwise, and requests an Authorization in accordance<br>with this application (See Section 304 of the<br>Communications Act of 1934, as amended.). |  |                  | t the |           |                |

|                          | The Applicant certifies that neither the Applicant nor any<br>other party to the application is subject to a denial of<br>Federal benefits pursuant to §5301 of the Anti-Drug Abuse<br>Act of 1988, 21 U.S.C. § 862, because of a conviction for<br>possession or distribution of a controlled substance. This<br>certification does not apply to applications filed in services<br>exempted under §1.2002(c) of the rules, 47 CFR . See §1.<br>2002(b) of the rules, 47 CFR § 1.2002(b), for the definition<br>of "party to the application" as used in this certification §<br>1.2002(c). The Applicant certifies that all statements made<br>in this application and in the exhibits, attachments, or<br>documents incorporated by reference are material, are part<br>of this application, and are true, complete, correct, and<br>made in good faith.  |  |
|--------------------------|---|--|
| Authorized Party to Sign | <ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN<br/>DISMISSAL OF THE APPLICATION AND FORFEITURE<br/>OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may<br/>be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements<br/>will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the<br/>construction or coverage requirements that apply to the type<br/>of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM<br/>OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE<br/>AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND<br/>/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul> |  |
|                          | 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.