	(RFFFRFNCF	COPV - Not for sub	mission)						
	(REFERENCE COPY - Not for submission) Resumption of Operations of an FM Translator Station Application File Number: Submit Date: 01/31/2017 Lead Call Sign: W222BK Facility ID: 150836								
	FRN: 0022877211 ^{Service:} FM Translator Inactive	Service: FM TranslatorPurpose: Resume OperationsStatus: GrantedStatus Date: 02/01/2017Filing Status:							
	Section	Question		Response					
General Information	Attachments	Are attachments (other than filed with this application?	associated schedules) being						
	Applicant Applicant	t Name, Type, and Contact In	formation						
	Information	Address	Phone	Email Applicant Type					
	SM-WBHJ, LLC	2700 CORPORAT	TE DRIVE						
	Applicant		+1 (205) 322-298	7 OTH					
	Doing Business As: SM-	BIRMINGHAM, AL 35242 Doing Business As: SM-WBHJ, LLC United States							
Courte et	Contact Name	Address	Phone Email	Contact Type					
Contact Representatives (1)		1300 NORTH 17TH STREET	I						
	FRANCISCO R. MON FLETCHER, HEALD & HILDRETH, P.L.C.	111H FLOOK	+1 (703) 812- MONTE 0400 COM	RO@FHHLAW. Legal Representative					
	a	United States	D						
Station Status	Section	QuestionDate the station resumed full	Response						
	Station Status	/operations:	01/30/20	17					
	Section	Question		Response					
Certification	General Certification Statements	The Applicant waives any cl particular frequency or of the as against the regulatory pow because of the previous use of authorization or otherwise, a in accordance with this applit the Communications Act of The Applicant certifies that a other party to the application Federal benefits pursuant to Abuse Act of 1988, 21 U.S.C conviction for possession or substance. This certification applications filed in services of the rules, 47 CFR . See §1 CFR § 1.2002(b), for the def application and in the exhibit documents incorporated by r part of this application, and a and made in good faith.							

	Authorized Party Sign	to FCC cove Auth VIL FOR PUN (U.S OF A Title Code I dec autho	ULT IN DISMIS DFORFEITURE In grant of this app be subject to certa irements. Failure to rage requirements ellation of the Aut regulations to det rage requirements norization requeste LFUL FALSE ST M OR ANY ATT IISHABLE BY FI . Code, Title 18, § ANY STATION A 47, §312(a)(1)), A e, Title 47, §503).	THIS APPLICATION MA SAL OF THE APPLICAT OF ANY FEES PAID lication, the Authorization Hain construction or coverage o meet the construction or will result in automatic chorization. Consult appropria ermine the construction or that apply to the type of ed in this application. CATEMENTS MADE ON TH ACHMENTS ARE NE AND/OR IMPRISONMI 1001) AND/OR REVOCAT UTHORIZATION (U.S. Co AND/OR FORFEITURE (U.S. y of perjury, that I am an ive of the above-named appli a) specified above.	ION older ate HIS ENT ION de, S.	DARRYL GRONDINES
Attachments	File Name	Uploaded By	Attachment Type	Description	Uploa	d Status
	<u>1750212_1437212.</u> txt	Applicant	All Purpose	OPERATING PARAMETERS	Done Conve	with Virus Scan and/or ersion