

(REFERENCE COPY - Not for submission) Request to Extend a Silent Authority of an FM Translator Station Application

File Number: BLESTA-20200506ABO | Submit Date: 05/06/2020 | Lead Call Sign: K284CV | Facility ID: 141979

FRN: 0028718377

Service: FM Translator | Purpose: STA Extension | Status: Granted | Status Date: 06/03/2020 | Filing Status: Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
EDGEWATER BROADCASTING, INC. Applicant Doing Business As: EDGEWATER BROADCASTING, INC.	P.O. BOX J TWIN FALLS, ID 83303 United States	+1 (888) 533-3551	TOM@EDGEWATERBROADCASTING.	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
JOHN C. TRENT, ESQ. PUTBRESE HUNSAKER & TRENT	200 S. CHURCH STREET WOODSTOCK, VA 22664 United States	+1 (540) 459- 7646	FCCMAN3@SHENTEL. NET	Legal Representative

Extension Request

Section	Question	Response
Extension Request	Reason for going silent:	Other
	Please enter the new requested expiration date:	

Certification

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 no other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Act of 1988, 21 U.S.C. § 862, because of a convict possession or distribution of a controlled substance certification does not apply to applications filed in sexempted under §1.2002(c) of the rules, 47 CFR § 2002(b), for the dof "party to the application" as used in this certificate 1.2002(c). The Applicant certifies that all statement in this application and in the exhibits, attachments, documents incorporated by reference are material, of this application, and are true, complete, correct, made in good faith.	of g Abuse ion for e. This ervices See §1. efinition ion § s made or are part
FAILURE TO SIGN THIS APPLICATION MAY REDISMISSAL OF THE APPLICATION AND FORFE OF ANY FEES PAID Upon grant of this application, the Authorization Hobe subject to certain construction or coverage required in automatic cancellation of the Authorization will result in automatic cancellation of the Authorization construction or coverage requirements that apply to a fauthorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS OR ANY ATTACHMENTS ARE PUNISHABLE BY AND/OR IMPRISONMENT (U.S. Code, Title 18, §1 AND/OR REVOCATION OF ANY STATION	ITURE Ider may irements. ements ation. the control the type FORM FINE

DENNIS CLOUNCH

Attachments

Authorized Party to Sign

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1817657 1564738.txt</u>	Applicant	All Purpose	REASON FOR EXTENSION	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\95\A-1817657_F- 141979_L-95033-BLESTA-20200506ABO.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion

/OR FORFEITURE (U.S. Code, Title 47, §503).

Authorization(s) specified above.

I declare, under penalty of perjury, that I am an authorized

representative of the above-named applicant for the