

## **Renewal of License**

| File Number: 00       | 00148607 Submit Date: 12/22/2 | 021 Call Sign: K2 | 244CG    | Facility ID: 1501 | 24 FRN: 0004677514        |     |
|-----------------------|-------------------------------|-------------------|----------|-------------------|---------------------------|-----|
| State: Wyomin         | g City: CODY                  |                   |          |                   |                           |     |
| Service: FX           | Purpose: Renewal of License   | Status: Granted   | Status D | ate: 12/22/2021   | Expiration Date: 10/01/20 | 029 |
| Filing Status: Active |                               |                   |          |                   |                           |     |

| General        | Section   | Question   |          |        | Response |
|----------------|---|--|----------|--------|----------|
| Information    | Attachments   | Are attachments (other than associated schedules) being filed with this application? |          | No     |          |
|                |   |  |          |        |          |
| Fees, Waivers, | Section   | Question   |          |        | Response |
| and Exemptions | Fees  | Is the applicant exempt from FCC application Fees?                                   |          | No     |          |
|                |   | Indicate reason for fee exemption:   |          |        |          |
|                |   | Is the applicant exempt from FCC regulatory Fees?                                    |          |        | No       |
|                | WaiversDoes this filing request a waiver of the Commission's rule(s)? |  | ule(s)?  | No     |          |
|                |   | Total number of rule sections involved in this waiver request:                       |          |        |          |
|                |   |  |          |        |          |
|                | Application Type  |  | Fee Code | Fee Ar | mount    |
|                | Renewal of License MAF \$70.0   |  | \$70.00  | )      |          |
|                |   |  | Total    | \$70.0 | 00       |

## Applicant Name, Type, and Contact Information

Applicant Information

| Applicant   | Address  | Phone                | Email                 | Applicant<br>Type               |
|---|--|----------------------|-----------------------|---------------------------------|
| LEGEND COMMUNICATIONS OF WYOMING,<br>LLC<br>Doing Business As: LEGEND<br>COMMUNICATIONS OF WYOMING, LLC | 199 Carter<br>View Drive<br>Cody, WY<br>82414<br>United States | +1 (410)<br>799-1740 | Susan@PATCOMM.<br>COM | Limited<br>Liability<br>Company |

Information not provided.

Contact Representatives (0)

| Renewal       | Section   | Question  | Response |
|---------------|---|---|----------|
| Certification | Character Issues                                      | Licensee certifies that neither the licensee nor any party to<br>the application has or has had any interest in, or connection<br>with, any broadcast application in any proceeding where<br>character issues were left unresolved, or were resolved<br>adversely against the applicant or any party to the<br>application;   | Yes      |
|               |   | Licensee certifies that neither the licensee nor any party to<br>the application has or has had any interest in, or connection<br>with, any pending broadcast application in which character<br>issues have been raised   | Yes      |
|               | Adverse Findings                                      | Licensee certifies that, with respect to the licensee and each<br>party to the application, no adverse finding has been made,<br>nor has an adverse final action been taken by any court or<br>administrative body in a civil or criminal proceeding brought<br>under the provisions of any laws related to any of the<br>following: any felony; mass media-related antitrust or unfair<br>competition; fraudulent statements to another governmental<br>unit; or discrimination. | Yes      |
|               | FCC Violations during the<br>Preceding License Term   | Licensee certifies that, with respect to the station(s) for<br>which renewal is requested, there have been no violations<br>by the licensee of the Communications Act of 1934, as<br>amended, or the rules or regulations of the Commission<br>during the preceding license term. If "No", the licensee must<br>submit an explanatory exhibit providing complete<br>descriptions of all violations.   | Yes      |
|               | Ownership   | The licensee certifies that, with respect to the station(s) for which renewal is requested, it complied with 47 CFR Section 73.3555.  | Yes      |
|               | Alien Ownership and<br>Control                        | Licensee certifies that it complies with the provisions of<br>Section 310 of the Communications Act of 1934, as<br>amended, relating to interests of aliens and foreign<br>governments.   | Yes      |
|               | Non-Discriminatory<br>Advertising Sales<br>Agreements | Commercial licensee certifies that its advertising sales<br>agreements do not discriminate on the basis of race or<br>ethnicity and that all such agreements held by the licensee<br>contain non-discrimination clauses. Noncommercial<br>licensees should select "not applicable."   | Yes      |

| Other BroadCast | Section                           | Question   | Response |
|-----------------|-----------------------------------|--|----------|
| Certifications  | Other BroadCast<br>Certifications | Does this application include one or more FM translator<br>station(s) or TV translator station(s) or LPTV station(s), in<br>addition to the station listed at the top of this section? | No       |

## FM Translator Certifications (1)

| Section               | Question   |  | Response |
|-----------------------|--|--|----------|
| Operational Status    | Silent Stations<br>Licensee certifies that t   | Yes  |          |
|                       | <b>Rebroadcast Status</b><br>Licensee certifies that t<br>the signal of an FM, AN  | Yes  |          |
|                       | Rebroadcast Station  |  |          |
|                       | Call Sign  |  |          |
|                       | KODI   | 74351  |          |
|                       | Rebroadcast Consent<br>Licensee certifies that i<br>the licensee of the prim<br>retransmitting the prima   | Yes  |          |
| Licensee Compliance   | Licensee certifies that i<br>Section 74.1232(d), wh<br>of: (1) a commercial pri<br>station whose coverage<br>protected contour of the<br>being broadcast, and (2<br>and a FM translator sta<br>the greater of either: (a<br>commercial AM primary<br>25-mile radius centered<br>commercial primary AM<br>restriction also applies<br>interest in, or any conn<br>primary AM station. | Yes  |          |
|                       | Section 74.1232(e) whi<br>station whose coverage<br>protected contour of the<br>being rebroadcast, and<br>dBu contour exceeds th<br>contour of the commerce<br>broadcast, or (b) a 25-r<br>site of the commercial p<br>rebroadcast, from receive<br>technical assistance), b<br>directly or indirectly, from   | t is in compliance with 47 C.F.R.<br>ich prohibits: (1) a FM translator<br>e contour extends beyond the<br>e commercial FM primary station<br>I (2) a FM translator station whose 60<br>he greater of: (a) the 2 mV/m daytime<br>cial AM primary station being<br>mile radius centered at the transmitter<br>primary AM station being<br>iving support (except for specified<br>before, during, or after construction,<br>om the primary station, or any person<br>erest in, or any connection with, the | Yes      |
| Environmental Effects | Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments.   |  | Yes      |

| Certification | Section                             | Question  | Response  |
|---------------|-------------------------------------|---|---|
|               | General Certification<br>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<br>other party to the application is subject to a denial of Federal<br>benefits pursuant to §5301 of the Anti-Drug Abuse Act of<br>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 of<br>"party to the application" as used in this certification §1.2002<br>(c). The Applicant certifies that all statements made in this<br>application and in the exhibits, attachments, or documents<br>incorporated by reference are material, are part of this<br>application, and are true, complete, correct, and made in<br>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 AND<br/>/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR<br/>REVOCATION OF ANY STATION AUTHORIZATION (U.S.<br/>Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S.<br/>Code, Title 47, §503).</li> </ul> |   |
|               |                                     | I certify that this application includes all required and relevant attachments.   | Yes   |
|               |                                     | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.  | Susan Patrick<br>Co-Managing Member<br>06/01/2021 |

Information not provided.

## Attachments