

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA FOUNDATION Doing Business As: EDUCATIONAL MEDIA FOUNDATION	5700 WEST OAKS BLVD ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
MARY N. O'CONNOR , ESQ . Legal Representative WILKINSON BARKER KNAUER, LLP	1800 M STREET, N. W. SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 383- 3351	MOCONNOR@WBKLAW.COM	Legal Representative
Sam Wallington <i>VP of Operations and</i> <i>Engineering</i> Educational Media Foundation	5700 WEST OAKS BLVD ROCKLIN, CA 95765 United States	+1 (916) 251- 1600	SWALLINGTON@KLOVEAIR1. COM	Technical Representative

Change of Primary Station	Section	Question	Response
	Primary Station	Facility ID	24252
Certification	Section	Question	Response

Section
General Certification Statements

	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 Authorization(s) specified above.	Jon William Reeves CEO 07/22/2022

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
88469 2022-07-20 Primary Feed Change Exhibit K270AI Cathedral City CA.pdf	Applicant	Primary Station Notification	88469 2022-07-20 Primary Feed Change Exhibit K270AI Cathedral City CA	Done with Virus Scan and/or Conversion