

(REFERENCE COPY - Not for submission) Request to Extend a FM Translator Engineering STA Application

 File Number:
 0000196269
 Submit Date:
 07/29/2022
 Lead Call Sign:
 W255DD
 Facility ID:
 201048

FRN: 0005272513

Service: FM Translator Pu

Purpose: STA Extension Status: Granted

Status Date: 08/05/2022 Filing Status: Active

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

Fees, Waivers, 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?	No
Waivers	Does this filing request a waiver of the Commission's rule (s)?	No
	Total number of rule sections involved in this waiver request:	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MID-AMERICA RADIO GROUP, INC. Doing Business As: MID-AMERICA RADIO GROUP, INC.	Deborah Keister- Hubard P.O. BOX 1970 60 NORTH WAYNE STREET MARTINSVILLE, IN 46151 United States	+1 (765) 349-1485	debbiekeisterwcls@gmail. com	COR

Contact
Representatives
(2)

Contact Name	Address	Phone	Email	Contact Type
CHARLES M. Anderson , Ph. D CONSULTANT Anderson Associates	Charles M. Anderson 5900 Lake Cyrus Drive Hoover, AL 35244 United States	+1 (270) 535- 4432	CMANDERSON43@YAHOO. COM	Technical Representative
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Certification

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 1984, as amended.). 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 application 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) of the subjection 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 meet the construction or coverage requirements. Failure to meet the construction or coverage requirements application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY AT		Section
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 S. 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 are true, complete, correct, and made in good faith.Authorized Party to SignFAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION MAD 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 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		
DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDUpon 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		
/OR FORFEITURE (U.S. Code, Title 47, §512(a)(1)), AND		Authorized Party to Sign
I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. Deborah Ke Hubbard President	ster-	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
W255DD.ExtraordinaryCircumstances. Exhibit.STAExtReq (01618776xB3D1E).pdf	Applicant	Extension Request	Extraordinary Circumstances Requiring Temporary Reduced Power Operation	Done with Virus Scan and/or Conversion