

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

File Number: BLESTA-20171228AAL | Submit Date: 12/28/2017 | Lead Call Sign: W238CA | Facility ID: 139048

FRN: 0026714089

Service: FM Translator | Purpose: STA Extension | Status: Granted | Status Date: 01/22/2018 | 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
GOOD GUYS BROADCASTING, INC. Applicant Doing Business As: GOOD GUYS BROADCASTING, INC.	185 GENESEE STREET SUITE 1600 UTICA, NY 13501 United States	+1 (315) 794- 9312		ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
RICHARD J. HAYES, JR. ATTORNEY AT LAW	27 WATER'S EDGE DRIVE LINCOLNVILLE, ME 04849 United States	+1 (207) 236- 3333	FCCLAW@RJHAYES. COM	Legal Representative

Extension Request

Section	Question	Response	
Extension Request	Reason for going silent:	Financing	
	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		

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.
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN

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.

FRANK ABBADESSA

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1775111 1481156.txt</u>	Applicant	All Purpose	EXHIBIT 2	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\82\A-1775111_F- 139048_L-82291-BLESTA-20171228AAL.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion