

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

File Number:**BLSTA-20150218AAD**Submit Date:**02/18/2015**Lead Call Sign:**K299BN**Facility ID:**156318**

FRN: 0003768603

Service: FM TranslatorPurpose: Request for Silent STAStatus: GrantedStatus Date: 03/26/2015Filing Status:Active

General Information	Section	Question					Response					
	Attachments		Are attachments (other than associated schedules) being filed with this application?									
Applicant Applicant Name, Type, and Contact Information												
	Applicant		Address		Phone		Email		Applicant Type			
	E-STRING WIRELESS, LTD Applicant Doing Business As: E-STRING WIRELESS, LTD		24018 MIDDLE FORK SAN ANTONIO, TX 78258 United States		+1 (830) 980- 7111		BRETHUGG@AOL. COM		ОТН			
Contact Representatives (1)	Contact Name	Address		Phone		Emai	il		Contact Type			
	E-STRING WIRELESS, LTD		DDLE FORK ONIO, TX ates	+1 (830) 980- 7111		BRETHUGG@AOL. COM			Legal Representative			
Station Status	Section Question				Response							
	Station Status	Date th	Date the station went/will go silent:					02/09/2015				
		Reaso	Reason for going silent:					Program Source				

	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.	BRET D. HUGGINS

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1671428_1290786.txt</u>	Applicant	All Purpose	EXHIBIT 1	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\57\A-1671428_F- 156318_L-57268-BLSTA-20150218AAD.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion