

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

 File Number:
 BLSTA-20110113ABA
 Submit Date:
 01/13/2011
 Lead Call Sign:
 K285EM
 Facility ID:
 36259

## FRN: 0005020466

Service: FM TranslatorPurpose: Request for Silent STAStatus: GrantedStatus Date: 02/02/2011Filing Status:Active

General Information	Section	Question			Respons	e
	Attachments	Are attachments (other than associated schedules) being filed with this application?			ing	
Applicant	Applicant Name, Type, and Contact Information					
Information	Applicant		Address	Phone	Email	Applicant Type
	LAKE AREA EDUCATIONAL FOUNDATION Applicant Doing Business As: LAKE ARE BROADCASTING FOUNDATIO	A EDUCATIONAL	CAMDENTON, MO 65020	+1 (573) 346-3200	JIM@SPIRITFM. ORG	ОТН
Contact Representatives	Contact Name		Address	Phone	Email	Contact Type
(1)	JAMES J MCDERMOTT LAKE AREA EDUCATIONAL BROADCASTING FOUNDATIO	ON	P. O. BOX 800 CAMDENTON, MO 65020-0800 United States	+1 (573) 346-3200	JIM@KCVO. ORG	Legal Representative
Station Status	Section	Question			Respons	e
	Station Status	Date the station went/will go silent:		06/10/2010		10
		Reason for going silent:		Technical		

Certification	
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Section	Question	Response
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 1934, as amended.).	

	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.	JAMES J. MCDERMOTT
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN 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	
	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.	

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1414132_918767.txt</u>	Applicant	All Purpose	CIRCUMSTANCES OF REQUEST	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\24\A-1414132 F- 36259 L-24240-BLSTA-20110113ABA.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion