

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

File Number: BLSTA-20220112AAA Submit Date: 01/12/2022 Lead Call Sign: W300CO Facility ID: 145494

FRN: 0022644066

Service: FM Translator Purpose: Request for Silent STA Status: Granted Status Date: 03/22/2022 Filing Status

Inactive

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 |
|--|---|----------------------|------------------------------|----------------|
| AVE MARIA COMMUNICATIONS Applicant Doing Business As: AVE MARIA COMMUNICATIONS | POST OFFICE BOX 504 ANN ARBOR, MI 48106 United States | +1 (734) 930-3167 | MJONES@AVEMARIARADIO. NET | ОТН |

Contact Representatives (1)

| Contact Name | Address | Phone | Email | Contact Type |
|--|--|-----------------------|----------------------------|-------------------------|
| DENNIS J. KELLY LAW OFFICE OF DENNIS J. KELLY | 30628 DETROIT ROAD BOX 278 WESTLAKE, OH 44145 United States | +1 (202) 293- 2300 | DKELLYFCCLAW1@COMCAST. NET | Legal Representative |

Station Status

| Section | Question | Response |
|----------------|---------------------------------------|------------|
| Station Status | Date the station went/will go silent: | 12/31/2021 |
| | Reason for going silent: | Other |

Certification

| 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.). | |

| 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 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 | |

MICHAEL P. JONES

Attachments

Authorized Party to Sign

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|--|-------------|-----------------|------------------------------------|---|
| <u>1829832 1583272.txt</u> | Applicant | All Purpose | JUSTIFICATION FOR SILENT STA | Done with Virus Scan and/or Conversion |
| D:\data\prod\cdbs\letters\\101\A-1829832_F-145494_L-101424-BLSTA-20220112AAA.pdf | Internal | All Purpose | imported letter | Done with Virus Scan and/or Conversion |

/OR FORFEITURE (U.S. Code, Title 47, §503).

Authorization(s) specified above.

I declare, under penalty of perjury, that I am an authorized

representative of the above-named applicant for the