

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

 File Number:
 BLSTA-20110808AAK
 Submit Date:
 08/08/2011
 Lead Call Sign:
 K296FJ
 Facility ID:
 140140

## FRN: 0006238380

Service: FM TranslatorPurpose: Request for Silent STAStatus: GrantedStatus Date: 11/02/2011Filing Status:Active

| General<br>Information            | Section  | Question  | Question   |  |       | Response           |                         |
|-----------------------------------|--|---|--|--|-------|--------------------|-------------------------|
|                                   | Attachments  |   | Are attachments (other than associated schedules) being filed with this application? |  |       |                    |                         |
| Applicant<br>Information          | Applicant Name, Type, and Contact Information  |   |  |  |       |                    |                         |
| mornauon                          | Applicant  |   | Address  | 5  | Phone | Email              | Applicant Type          |
|                                   | HOUSTON CHRISTIAN BROADCASTERS,<br>INC.<br>Applicant<br>Doing Business As: HOUSTON CHRISTIAN<br>BROADCASTERS, INC. |   | BOULE\<br>HOUST(<br>77098  | 2424 SOUTH<br>BOULEVARD<br>HOUSTON, TX<br>77098<br>United States |       | EMAIL@KHCB.<br>ORG | ОТН                     |
| Contact<br>Representatives<br>(1) | Contact Name   | Address   |  | Phone  | Email |                    | Contact Type            |
|                                   | <b>JEFFREY D.</b><br><b>SOUTHMAYD</b><br>SOUTHMAYD &<br>MILLER   | 4 OCEAN RIDGE BO<br>SOUTH<br>PALM COAST, FL 32<br>United States |  | 9156   |       | ITHMAYD@MSN.       | Legal<br>Representative |
|                                   |  |   |  |  |       |                    |                         |
| Station Status                    | Section  | Question  |  |  |       | Respons            | se                      |
|                                   | Station Status   | Date the static   | on went/will g   | o silent:  |       | 08/01/20           | 11                      |
|                                   |  | Reason for go   | ing silent:  |  |       | Other              |                         |

| Certification |
|---------------|
|---------------|

| Section                             | Question  | Response |
|-------------------------------------|---|----------|
| General Certification<br>Statements | The Applicant waives any claim to the use of any particular<br>frequency or of the electromagnetic spectrum as against the<br>regulatory power of the United States because of the<br>previous use of the same, whether by authorization or<br>otherwise, and requests an Authorization in accordance<br>with this application (See Section 304 of the<br>Communications Act of 1934, as amended.). |          |
|                                     |   |          |

|                          | other party to the application is subject to a denial of<br>Federal benefits pursuant to §5301 of the Anti-Drug Abuse<br>Act of 1988, 21 U.S.C. § 862, because of a conviction for<br>possession or distribution of a controlled substance. This<br>certification does not apply to applications filed in services<br>exempted under §1.2002(c) of the rules, 47 CFR . See §1.<br>2002(b) of the rules, 47 CFR § 1.2002(b), for the definition<br>of "party to the application" as used in this certification §<br>1.2002(c). The Applicant certifies that all statements made<br>in this application and in the exhibits, attachments, or<br>documents incorporated by reference are material, are part<br>of this application, and are true, complete, correct, and<br>made in good faith.  |                  |
|--------------------------|---|------------------|
| Authorized Party to Sign | <ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN<br/>DISMISSAL OF THE APPLICATION AND FORFEITURE<br/>OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may<br/>be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements<br/>will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the<br/>construction or coverage requirements that apply to the type<br/>of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM<br/>OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE<br/>AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND<br/>/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul> |                  |
|                          | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.  | BRUCE MUNSTERMAN |

| Attachments | File Name                 | Uploaded By | Attachment Type | Description   | Upload Status                          |
|-------------|---------------------------|-------------|-----------------|---------------|--|
|             | <u>1438843_957521.txt</u> | Applicant   | All Purpose     | LOSS OF LEASE | Done with Virus Scan and/or Conversion |