

### Communications Commission

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

File Number:**BLSTA-20170328AAQ**Submit Date:**03/28/2017**Lead Call Sign:**W236AS**Facility ID:**148031** 

### FRN: 0002390557

Service: FM Translator Purpose: Request for Silent STA Status: Granted Status Date: 04/18/2017 Filing Status: Active

| General<br>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 |
|---|---|-----------------------|------------------------------|----------------|
| MID-WEST MANAGEMENT, INC.<br>Applicant<br>Doing Business As: MID-WEST<br>MANAGEMENT, INC. | 730 RAY O VAC<br>DRIVE<br>MADISON, WI<br>53711<br>United States | +1 (608) 273-<br>1000 | RICK.<br>MCCOY@MWFBG.<br>NET | OTH            |

### Contact Representatives (1)

| Contact Name  | Address   | Phone                 | Email                    | Contact Type            |
|---|---|-----------------------|--------------------------|-------------------------|
| <b>DAVID D. OXENFORD</b><br>WILKINSON BARKER<br>KNAUER, LLP | 1800 M STREET, N.<br>W.<br>SUITE 800N<br>WASHINGTON, DC<br>20036<br>United States | +1 (202) 783-<br>4141 | DOXENFORD@WBKLAW.<br>COM | Legal<br>Representative |

## **Station Status**

| Section        | Question                              | Response   |
|----------------|---------------------------------------|------------|
| Station Status | Date the station went/will go silent: | 03/23/2017 |
|                | Reason for going silent:              | Technical  |

| 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.). |          |

| Authorized Party to Sign | <ul> <li>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.</li> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN<br/>DISMISSAL OF THE APPLICATION AND FORFEITURE</li> </ul> |            |
|--------------------------|--|------------|
|                          | OF ANY FEES PAID<br>Upon grant of this application, the Authorization Holder may<br>be subject to certain construction or coverage requirements.<br>Failure to meet the construction or coverage requirements<br>will result in automatic cancellation of the Authorization.<br>Consult appropriate FCC regulations to determine the<br>construction or coverage requirements that apply to the type<br>of Authorization requested in this application.<br>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)<br>AND/OR REVOCATION OF ANY STATION<br>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND<br>/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.   | TOM WALKER |

## Attachments

| File Name  | Uploaded By | Attachment Type | Description  | Upload Status                                   |
|--|-------------|-----------------|--|---|
| <u>1753887_1444142.txt</u>   | Applicant   | All Purpose     | BASIS FOR<br>SILENT STATUS<br>AND REQUEST<br>FOR STA | Done with<br>Virus Scan<br>and/or<br>Conversion |
| D:\data\prod\cdbs\letters\\73\A-1753887_F-<br>148031_L-73482-BLSTA-20170328AAQ.pdf | Internal    | All Purpose     | imported letter                                      | Done with<br>Virus Scan<br>and/or<br>Conversion |