

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

 File Number:
 BLESTA-20191105AAD
 Submit Date:
 11/05/2019
 Lead Call Sign:
 K268CO
 Facility ID:
 148497

FRN: 0028718377

Service: FM TranslatorPurpose: STA ExtensionStatus: GrantedStatus Date: 11/21/2019Filing Status: Active

General Information	Section	Question			Response		
	Attachments	Are attachments (other than associated schedules) being filed with this application?					
Applicant Information	Applicant Name, Type, a	Ind Contact Informa	ion				
momation	Applicant	Address Pho	ne	Email			Applicant Type
	EDGEWATER BROADCASTING, INC. Applicant Doing Business As: EDGEWATER BROADCASTING, INC.	P.O. BOX J +1 (TWIN 533- FALLS, ID 83303 United States	,	TOM@EDG COM	GEWATERBROAD	CASTING	9. OTH
Contact Representatives	Contact Name	Address	Phon	ne	Email		Contact Type
(1)	JOHN C. TRENT, ESQ. PUTBRESE HUNSAKER & TRENT	200 S. CHURCH STREET WOODSTOCK, VA 22664 United States	+1 (5- 7646	40) 459-	FCCMAN3@SH NET	ENTEL.	Legal Representative
Extension Request	Section	Question				Respon	ISE
	Extension Request	Reason for going silent				Other	
		Please enter the new requested expiration date:					

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.).	

Authorized Party to Sign	 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 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.	DENIS CLOUNCH

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1812748_1554427.txt</u>	Applicant	All Purpose	REASON FOR EXTENSION	Done with Virus Scan and/or Conversion
<u>D:\data\prod\cdbs\letters\\93\A-1812748</u> F- 148497 L-93179-BLESTA-20191105AAD.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion