

Status: Granted Status Date: 05/08/2019 Filing Status: Purpose: Suspension of Operations 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
ALEXANDRA COMMUNICATIONS, INC. Applicant Doing Business As: ALEXANDRA COMMUNICATIONS, INC.	1600 GRAY LYNN DR WALLA WALLA, WA 99362 United States	+1 (509) 527- 1000	TOMH@KUJAM. COM	ОТН

Contact **Contact Name** Address Phone Email **Contact Type Representatives** (1) MARK B. DENBO, ESQ. 5028 WISCONSIN +1 (202) 350-MDENBO@FCCWORLD. Legal AVE., NW Representative SMITHWICK & 9656 COM **BELENDIUK, PC** SUITE 301 WASHINGTON, DC 20016 **United States Station Status**

Section	Question	Response
Station Status	Date Station Suspended Operations:	

Certification

	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.	
Authorized Party to Sign	 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 /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.	THOMAS HODGINS

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1803465_1535613.</u> <u>txt</u>	Applicant	All Purpose	SILENT NOTIFICATION	Done with Virus Scan and/or Conversion