

(REFERENCE COPY - Not for submission) Resumption of Operations of an FM Translator Station Application

ber: Submit Date: 04/07/2017 Lead Call Sign: K258BE Facility ID: 142149

FRN: 0004121000

Service: FM TranslatorPurpose: Resume OperationsStatus: GrantedStatus Date: 04/10/2017Filing Status:Active

General Information	Section	Question	Resp	oonse				
	Attachments	Are attachments (other filed with this application	schedules) being					
Applicant Information	Applicant Name, Type, and Contact Information							
	Applicant	Address	Phone	Email	Applicant Type			
	EDUCATIONAL MEDIA FOUNDATION Applicant Doing Business As: EDUCATIO MEDIA FOUNDATION	5700 WEST OAKS BLVD. ROCKLIN, CA ONAL 95765 United States	()	EFILE@EMFBROADCASTI COM	NG. OTH			
Contact Representatives (1)	Contact Name	Address	Phone	Email	Contact Type			
	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	1800 M STREET, N. W. SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 783- 4141	MOCONNOR@WBKLA COM	W. Legal Representative			
Station Status	Section	Question		Resp	oonse			
	Station Status	Date the station resumed full power/operations:			7/2017			

	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.	MIKE NOVAK	

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1754774 1445295.txt</u>	Applicant	All Purpose	EXHIBIT 3	Done with Virus Scan and/or Conversion