

Filing Status: Active

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

 File Number:
 BLESTA-20170109ABE
 Submit Date:
 01/09/2017
 Lead Call Sign:
 W217BI
 Facility ID:
 93954

FRN: 0006395925

Service: FM Translator Purpose: STA Extension Status: Granted Status Date: 02/01/2017

General Information	Section	Question	Question			Response			
	Attachments       Are attachments (other than associated schedule filed with this application?			dules) being					
Applicant	Applicant Name, Type, and Contact Information								
Information	Applicant		Address	Phone	Email	Applicant Type			
	CALVARY CHAPEL OF TWIN FALLS, INC Applicant Doing Business As: CALVARY CHAPEL OF TWIN FALLS, INC		P.O. BOX 391 +1 (208) TWIN FALLS, 733-3133 ID 83303 United States		LOISM@CSNRADIO. OTH COM				
Contact Representatives	Contact Name	Address		Phone	Email	Contact Type			
(1)	<b>CARY TEPPER</b> TEPPER LAW FIRM, LLC	4900 AUBURN AVE SUITE 100 BETHESDA, MD 208 United States	1818		TEPPERLAW® COM	@AOL. Legal Representative			
Extension Request	Section	Question				Response			
	Extension Request	Reason for g	oing silent:			Other			
		ite:							

General Certification StatementsThe 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.).

	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.	MICHAEL KESTLER
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDUpon 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	
	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.	

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1748547_1434739.txt</u>	Applicant	All Purpose	REQUEST TO EXTEND BLSTA - 20160630AAW	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\71\A-1748547_F- 93954_L-71865-BLESTA-20170109ABE.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion