

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

File Number: BLESTA-20130325ABR | Submit Date: 03/25/2013 | Lead Call Sign: K203FF | Facility ID: 33384

FRN: 0006602130

Service: FM Translator | Purpose: STA Extension | Status: Granted | Status Date: 05/23/2013 | Filing Status: Active

### 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
JOHN MULHERN Applicant Doing Business As: JOHN MULHERN	4507 RD. 2 LIBERAL, KS 67901 United States	+1 (620) 629-5919		ОТН

#### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
JOHN MULHERN	4507 RD. 2 LIBERAL, KS 67901 United States	+1 (620) 629-5919		Legal Representative

### Extension Request

Section	Question	Response
Extension Request	Reason for going silent:	Technical
	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.).	

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.
of this application, and are true, complete, correct, and

#### **Authorized Party to Sign**

## **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.

#### **JOHN MULHERN**

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1547263 1095677.txt</u>	Applicant	All Purpose	REQUEST FOR EXTENSION OF SILENT STA FOR K203FF	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\41\A-1547263 F- 33384 L-41220-BLESTA-20130325ABR.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion