

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

File Number: BLESTA-20150512ADH | Submit Date: 05/12/2015 | Lead Call Sign: K206BI | Facility ID: 21062

FRN: 0001545607

Service: FM Translator | Purpose: STA Extension | Status: Granted | Status Date: 05/27/2015 | 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
FAMILY STATIONS, INC. Applicant Doing Business As: FAMILY STATIONS, INC.	112 NORTH ELM STREET SHENANDOAH, IA 51601 United States	+1 (712) 246-5151	JBURKHISER@FAMILYRADIO. ORG	ОТН

#### Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
MICHELLE A. MCCLURE, ESQ. FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0484	MCCLURE@FHHLAW. COM	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.).	

#### **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.

#### **SUSAN ESPINOZA**

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
1678150 1303071.txt	Applicant	All Purpose	K206BI CARSON CITY, NV - STA EXTENSION EXHIBIT	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\58\A-1678150_F- 21062_L-58467-BLESTA-20150512ADH.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion