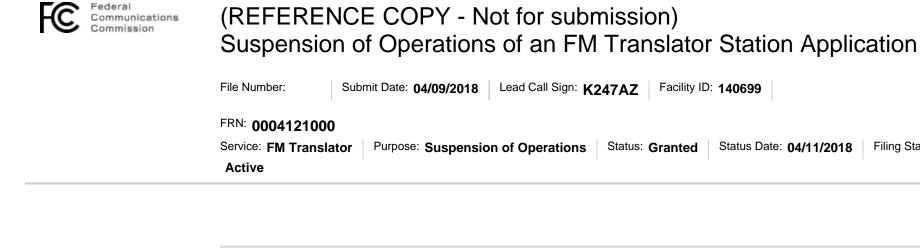
Status Date: 04/11/2018

Filing Status:



| General<br>Information     | Section   | Question   |  |                      |                            | Response |                         |
|----------------------------|---|--|--|----------------------|----------------------------|----------|-------------------------|
|                            | Attachments   | Are attachments (other than associated schedules) being filed with this application? |  |                      |                            |          |                         |
| Applicant<br>Information   | Applicant Name, Type, and Contact Information   |  |  |                      |                            |          |                         |
|                            | Applicant   |  | Address  | Phone                | Email                      |          | Applicant Type          |
|                            | EDUCATIONAL MEDIA<br>FOUNDATION<br>Applicant<br>Doing Business As: EDUCATIC<br>MEDIA FOUNDATION | DNAL   | 5700 WEST<br>OAKS BLVD.<br>ROCKLIN, CA<br>95765<br>United States | +1 (916)<br>251-1600 | EFILE@EMFBROAD<br>COM      | CASTING. | ОТН                     |
| Contact<br>Representatives | Contact Name  | Ado  | Iress  | Phone                | Email                      |          | Contact Type            |
| (1)                        | MARY O'CONNOR<br>WILKINSON BARKER<br>KNAUER, LLP  | 1800 M STREET, N.<br>W.<br>SUITE 800N<br>WASHINGTON, DC<br>20036<br>United States    |  | +1 (202) 783<br>4141 | B- MOCONNOR@WBKLAW.<br>COM |          | Legal<br>Representative |
| Station Status             | Section   | Ques   | stion  |                      |                            | Respons  | se                      |
|                            | Station Status  | Date Station Suspended Operations:   |  |                      |                            |          |                         |
|                            |   |  |  |                      |                            |          |                         |

| Certification |  |
|---------------|--|
|---------------|--|

| Section                             | Question  | Response |
|-------------------------------------|---|----------|
| General Certification<br>Statements | The Applicant waives any claim to the use of any particular<br>frequency or of the electromagnetic spectrum as against the<br>regulatory power of the United States because of the<br>previous use of the same, whether by authorization or<br>otherwise, and requests an Authorization in accordance<br>with this application (See Section 304 of the<br>Communications Act of 1934, as amended.). |          |
|                                     |   | I        |

|                          | The Applicant certifies that neither the Applicant nor any<br>other party to the application is subject to a denial of<br>Federal benefits pursuant to §5301 of the Anti-Drug Abuse<br>Act of 1988, 21 U.S.C. § 862, because of a conviction for<br>possession or distribution of a controlled substance. This<br>certification does not apply to applications filed in services<br>exempted under §1.2002(c) of the rules, 47 CFR . See §1.<br>2002(b) of the rules, 47 CFR § 1.2002(b), for the definition<br>of "party to the application" as used in this certification §<br>1.2002(c). The Applicant certifies that all statements made<br>in this application and in the exhibits, attachments, or<br>documents incorporated by reference are material, are part<br>of this application, and are true, complete, correct, and<br>made in good faith.  |            |
|--------------------------|---|------------|
| Authorized Party to Sign | <ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN<br/>DISMISSAL OF THE APPLICATION AND FORFEITURE<br/>OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may<br/>be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements<br/>will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the<br/>construction or coverage requirements that apply to the type<br/>of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM<br/>OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE<br/>AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND<br/>/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul> |            |
|                          | 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>1782723 1492255.txt</u> | Applicant   | All Purpose     | EXHIBIT 4   | Done with Virus Scan and/or Conversion |