

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

File Number: BLESTA-20120402ACB | Submit Date: 04/02/2012 | Lead Call Sign: W219DH | Facility ID: 148623

FRN: **0028718377**

Service: FM Translator | Purpose: STA Extension | Status: Granted | Status Date: 05/04/2012 | Filing Status: Inactive

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
RADIO ASSIST MINISTRY, INC. Applicant Doing Business As: RADIO ASSIST MINISTRY, INC.	P.O. BOX 5459 TWIN FALLS, ID 83303 United States	+1 (208) 733-3551	CLARK@RADIOASSISTMINISTRY. COM	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
CLARK PARRISH RADIO ASSIST MINISTRY, INC.	P.O. BOX 5459 TWIN FALLS, ID 83303 United States	+1 (208) 733- 3551	CLARK@RADIOASSISTMINISTRY. COM	Legal Representative

Extension Request

Section	Question	Response
Extension Request	Reason for going silent:	Financing
Please enter the new requested expiration date:		

Certification

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	Section	Question	Response
Communications Act of 1934, as amended.).		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	

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.

CLARK PARRISH

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1494601 1030897.txt</u>	Applicant	All Purpose	REASON FOR EXTENSION OF STA TO REMAIN SILENT	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\33\A-1494601 F- 148623 L-33608-BLESTA-20120402ACB.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion