

Filing Status: Active

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

 File Number:
 BLESTA-20170630ABJ
 Submit Date:
 06/30/2017
 Lead Call Sign:
 W242BH
 Facility ID:
 145241

FRN: 0017040510

Service: FM Translator | Purpose: STA Extension | Status: Granted | Status Date: 08/04/2017

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
FRIENDS OF CHRISTIAN RADIO, INC. Applicant Doing Business As: FRIENDS OF CHRISTIAN RADIO, INC.	P.O. BOX 552 SOUTH BEND, IN 46556 United States	+1 (574) 440-3693	CSRILEYESQ@GMAIL. COM	ОТН

Contact
Representatives
(1)

Contact Name	Address	Phone	Email	Contact Type
CHRISTOPHER S RILEY RILEY LAW CENTRE LLC	202 LINCOLNWAY EAST, SUITE 100 RILEY LAW CENTRE LLC MISHAWAKA, IN 46544 United States	+1 (574) 440- 3693	CSRILEYESQ@GMAIL. COM	Legal Representative

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

	<ul> <li>DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE 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 /OR FORFEITURE (U.S. Code, Title 47, §503).</li> <li>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</li> </ul>	CHRISTOPHER S. RILEY
Authorized Party to Sign	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>1760163 1454999.txt</u>	Applicant	All Purpose	EXPLANATION	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\78\A-1760163_F- 145241_L-78055-BLESTA-20170630ABJ.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion