

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

File Number: BLSTA-20210429AAA | Submit Date: 04/29/2021 | Lead Call Sign: K215FJ | Facility ID: 144149

FRN: 0004121000

Service: FM Translator Purpose: Request for Silent STA Status: Granted Status Date: 06/10/2021 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
EDUCATIONAL MEDIA FOUNDATION Applicant Doing Business As: EDUCATIONAL MEDIA FOUNDATION	5700 WEST OAKS BLVD. ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING.	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	1800 M STREET, N. W. SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 783- 4141	MOCONNOR@WBKLAW.	Legal Representative

Station Status

Section	Question	Response
Station Status	Date the station went/will go silent:	03/31/2021
	Reason for going silent:	Other

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.

JON WILLIAM REEVES

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1825901 1579132.txt</u>	Applicant	All Purpose	EXHIBIT 1	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\98\A-1825901_F- 144149_L-98465-BLSTA-20210429AAA.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion