

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

File Number: BLSTA-20200422AAM | Submit Date: 04/22/2020 | Lead Call Sign: W288CI | Facility ID: 141076

FRN: 0006395925

Service: FM Translator | Purpose: Request for Silent STA | Status: Granted | Status Date: 05/15/2020 | 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 |
|--|--|----------------------|------------------------|----------------|
| CALVARY CHAPEL OF TWIN FALLS, INC. Applicant Doing Business As: CALVARY CHAPEL OF TWIN FALLS, INC. | P.O. BOX 291 TWIN FALLS, ID 83303 United States | +1 (208) 733-3133 | SCOTT@CSNRADIO. COM | ОТН |

Contact Representatives (1)

| Contact Name | Address | Phone | Email | Contact Type |
|-------------------------------------|--|-----------------------|-----------------------|-------------------------|
| CARY S. TEPPER TEPPER LAW FIRM, LLC | 4900 AUBURN AVE., SUITE 100 BETHESDA, MD 20814-2632 United States | +1 (301) 718- 1818 | TEPPERLAW@AOL. COM | Legal Representative |

Station Status

| Section | Question | Response |
|----------------|---------------------------------------|------------|
| Station Status | Date the station went/will go silent: | 04/14/2020 |
| | Reason for going silent: | Technical |

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.). | |

| | The Applicant contifice that poither the Applicant your services | |
|--------------------------|--|--|
| | 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. | |
| 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). | |

MIKE KESTLER

Attachments

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|--|-------------|-----------------|--|---|
| <u>1817241 1563133.txt</u> | Applicant | All Purpose | REQUEST FOR A SILENT STA FOR W288CI, NASHVILLE, TN, FACILITY ID: 141076 | Done with Virus Scan and/or Conversion |
| D:\data\prod\cdbs\letters\\94\A- 1817241 F-141076 L-94893-BLSTA- 20200422AAM.pdf | Internal | All Purpose | imported letter | Done with Virus Scan and/or Conversion |

I declare, under penalty of perjury, that I am an authorized

representative of the above-named applicant for the

Authorization(s) specified above.