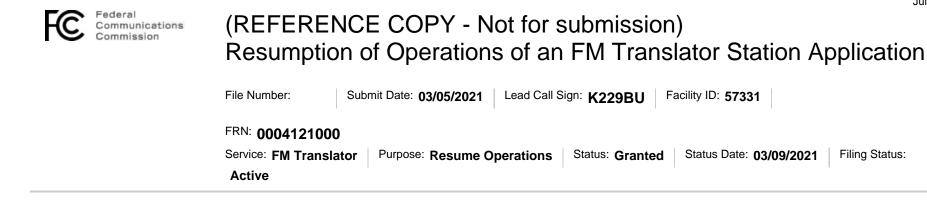
Filing Status:



Information		Question				Response	
_	Attachments	Are attachments (other than associated schedules) being filed with this application?					
	Applicant Name, Type, and Contact Information						
Information	Applicant		Address Phone		one Email		Applicant Type
	EDUCATIONAL MEDIA FOUNDATION Applicant Doing Business As: EDUCATION MEDIA FOUNDATION	NAL	5700 WEST OAKS BLVD. ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROAD COM	CASTING.	ОТН
Contact Representatives (1)	Contact Name	Add	Iress	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. COM		Legal Representative
Station Status	Section	Ques	stion			Respons	Se
	Station Status	Date the station resumed full power/operations:			03/03/20	21	

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 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). 	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	JON REEVES

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1825157 1578264.txt</u>	Applicant	All Purpose	EXHIBIT 3	Done with Virus Scan and/or Conversion