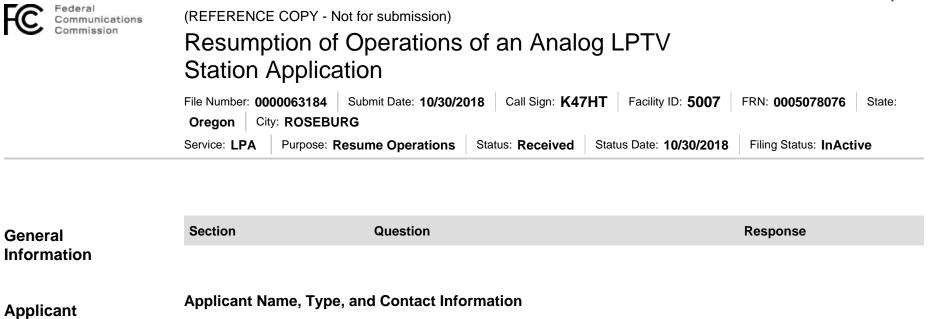
Applicant



## Applicant Address Phone

Applicant	Address	Phone	Email	Туре
BETTER LIFE TELEVISION, INC.	Kip Bradford	+1 (541) 474-	Kip@betterlifetv.	Not-for-
Doing Business As: BETTER LIFE	PO Box 766	3089	tv	Profit
TELEVISION, INC.	Grants Pass, OR			
	97528			
	United States			

## Authorization Holder Name

Information

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (2)	Contact Name	Address	Phone	Email	Contact Type
	<b>Donald Martin</b> <i>Attorney</i> Donald E.Martin, P.C.	Donald Martin PO Box 8433 Falls Church, VA 22041 United States	+1 (703) 642- 2344	dempc@prodigy. net	Legal Representative
	<b>Doug Vernier</b> <i>Engineering Consultant</i> Doug Vernier, Telecommunications Consultants	Doug Vernier 1600 Picturesque Drive Cedar Falls, IA 50613 United States	+1 (319) 266- 8402	dvernier@v-soft. com	Technical Representative

us	Question	Response	
	Resuming Power Operations:	Full	
	Date Station Resumed Full Power	10/29/2018	

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN 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) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
		I certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Kip Bradford Executive Director 10/30/2018

Attachments	File Name	Uploaded By	Attachment Type	Description
	OPERATING PARAMETERS.docx	Applicant	All Purpose	Operators Parameters