

## (REFERENCE COPY - Not for submission)

FCC Form 399: Eligibility Certification					
Facility ID: 10947	Service: I PA	Call Sign: K39DM	Channel: 27 (LIHE)	File Number: 0000089606	

	Facility ID: 10947       Service: LPA       Call Sign: K39DM       Channel: 27 (UHF)       File Number: 0000089606         FRN: 0008397077       Eligibility Status: Ineligible       Date Submitted: 03/17/2020					
Applicant	Applicant	Address	Phone	Email	Applicant Type	
Information	CHRISTIAN BROADCASTING OF YAKIMA	2400 West J street suite F YAKIMA, WA 98902 United States	+1 (509) 307-6733	rafael25@charter. net	Private Not-for-Profit Educational Institution	

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (2)	Kevin T Fisher Kevin T. Fisher Smith and Fisher, LLC	Kevin T. Fisher SMITH AND FISHER, LLC 4791 Wintergreen Court Woodbridge, VA 22192 United States	+1 (703) 505- 1751	kevin@smithandfisher. com	Technical Representative
	<b>Nathaniel Hardy</b> <i>Lawyer</i> The CommLaw Group	Rafael Fernandez 1420 Spring Hill Road, Suite 401 McLean, VA 22102 United States	+1 (703) 714- 1322	njh@CommLawGroup. com	Legal Representative

Eligibility	Section	Question	Response
Information	LPTV/Translator Eligibility	Selected LMS File Number of Granted Displacement Construction Permit	
		There is no Granted Displacement Construction Permit for this facility because this facility has been granted a License to Cover.	No
		The Station was licensed or had an application for license (FCC Form 2100 Schedule D) pending on April 13, 2017.	Yes
		The Station was licensed and transmitting for not less than 2 hours in each day of the week and not less than a total of 28 hours per calendar week for 9 of the 12 months prior to April 13, 2017.	Yes
		Licensee has attached true copies of documents or other evidence that demonstrate the Station's operation as described in Section III.1.a.ii.	Yes
		Licensee is not requesting reimbursement for payments previously received or expected to be received from the Fund and is not requesting reimbursement of expenses paid or expected to be paid by any other source.	Yes

Certification	Section	Question	Response	
	Submission of Eligibility Certification	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS IN THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).		
		<ol> <li>The Authorized Person signing below certifies and represents that he/she is authorized to submit this TV Broadcaster Relocation Fund Eligibility Certification Form on behalf of the above-named entity.</li> <li>The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</li> </ol>		
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>Rafael Fernandez</b> <i>Engineer</i> 03/17/2020	

Information not provided.

## Attachments