

(REFERENCE COPY - Not for submission)

Resumption of Operations of an Analog LPTV Station Application

File Number:	Submit Date: 02/13/2012	Call Sign: KYAV-LP	Facility ID: 2961 FRN: (0001590330 State:
California City:	PALM SPRINGS			
Service: LPA Pu	rpose: Resume Operations	Status: Granted	Status Date: 02/13/2012 Ex	piration Date:
Filing Status: Active				

General Information	Section Question		Res	ponse			
Applicant Information	Applicant Name, Type, and Contact In	Applicant Name, Type, and Contact Information					
				Applicant			
	Applicant	Address	Phone	Email Type			
	U-DUB PRODUCTIONS LLC	31276 DUNHAM WAY	+1 (760) 343-	Other			
	Applicant	THOUSAND PALMS, CA	5759				
	Doing Business As: U-DUB PRODUCTIONS	92276					
	LLC	United States					
	Authorization Holder Name						
	Check box if the Authorization Holder nan	ne is being updated because of th	e sale (or transfer of o	control) of the			

Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (1)	Contact Name	Address	Phone	Email	Contact Type
	JOHN M. BURGETT WILEY REIN LLP	1776 K STREET, NW WASHINGTON, DC 20006 United States	+1 (202) 719- 4239	JBURGETT@WILEYREIN. COM	Legal Representative

Station Status	Question	Response
	Resuming Power Operations:	
	Date Station Resumed Power	

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 certify that this application includes all required and relevant attachments. I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	JAMES R. HOUSTON

Attachments	File Name	Uploaded By	Attachment Type	Description
	1487437 1022386.txt	Applicant	All Purpose	TECHNICAL PARAMETERS