

Request for Silent Authority of a LPTV Station Application

File Number: 0000036929 Submit Date:		Submit Date: 12/28/2017	Call Sign: K34K	(-D Facility ID: 182701	FRN: 0028114551
State: Idaho	City: MOUNTAIN HOME				
Service: LPD	Purpose: F	Request for Silence STA	Status: Granted	Status Date: 12/28/2017	Expiration Date:
06/28/2018	Filing Status	E InActive			

General	Section Question				Response		
Information							
Applicant	Applicant Name, Type, and Contact Information						
Information						Applicant	
	Applicant		Address	Phone	Email	Туре	
	CTB SPECTRUM SERVICES,	LLC	PO Box 682	+1 (206)	VFOTHERINGHAM@YAHOO.	Limited	
	Doing Business As: CTB SPEC	CTRUM	Longview, WA	963-2198	СОМ	Liability	
	SERVICES, LLC		98632			Company	
			United States				

Authorization Holder Name

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
	JESUS M. ORTEGA TECHNICAL CONSULTANT BROADCAST ENGINEERING SERVICES	60891 ROBINETTE ROAD SAINT HELENS, OR 97051 United States	+1 (503) 366- 1498	JESS@OREGONBES. COM	Technical Representative
	PETER TANNENWALD FLETCHER, HEALD, & HILDRETH, P.L.C.	1300 N. 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812- 0404	TANNENWALD@FHHLAW. COM	Legal Representative

Station Status	Question	Response
	Date Station Went Silent:	12/19/2017

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.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	VERNON L. FOTHERINGHAM MANAGING MEMBER
			12/28/2017

File Name	Uploaded By	Attachment Type	Description
Exhibit for dark STA.pdf	Applicant	General Information	
GrantSilentSTA_0000036929. pdf	Internal	All Purpose	Special Temporary Authority to remain silent auto grant letter.