

## Request to Extend a Silent Authority of a LPTV Station Application

File Number: 0000068210Submit Date: 03/01/2019Call Sign: K15JM-DFacility ID: 184632FRN: 0019866425State: MinnesotaCity: ROCHESTERService: LPDPurpose: STA ExtensionStatus: PendingStatus Date: 03/01/2019Filing Status: Active

General	Section	Question	Response	Response		
Information						
Applicant Information	Applicant Name, Type, and Contact Information					
					Applicant	
	Applicant	Address	Phone	Email	Туре	
	DTV AMERICA	RENEE ILHARDT	+1 (954) 606-	RILHARDT@HC2BROADCASTING.	Corporation	
	CORPORATION	450 PARK	5486	СОМ		
		AVENUE				
		30TH FLOOR				
		NEW YORK, NY				
		10022				
		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 Name	Address	Phone	Email	Contact Type
<b>Paul A Cicelski</b> <i>Legal Counsel</i> Lerman Senter PLLC	2001 L Street, NW Suite 400 Washingon, DC 20036 United States	+1 (202) 416-6756	pcicelski@lermansenter.com	Legal Representativ
<b>REBECCA HANSON</b> <i>EVP and General Counsel</i> HC2 BROADCASTING HOLDINGS, INC.	450 PARK AVE 30TH FL NEW YORK, NY 10022 United States	+1 (212) 339-5832	RHANSON@HC2BROADCASTING. COM	Legal Representativ
<b>KURT HANSON</b> CHIEF TECHNOLOGY OFFICER HC2 BROADCASTING HOLDINGS, INC.	450 PARK AVE 30TH FL NEW YORK, NY 10022 United States	+1 (212) 339-5853	KHANSON@HC2BROADCASTING. COM	Technical Representativ
<b>RENEE ILHARDT</b> HC2 BROADCASTING HOLDINGS, INC.	450 PARK AVE 30TH FL NEW YORK, FL 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING. COM	Legal Representativ

Contact

(4)

Representatives

Station Status	Question	Response
	Date Station Went Silent:	09/02/2018

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.	Les Levi Chief Operating Officer 03/01/2019

Attachments	File Name	Uploaded By	Attachment Type	Description
	KWJM-LD STA Extension Narrative.pdf	Applicant	General Information	STA Exhibit