

(REFERENCE COPY - Not for submission)

Resumption of Operations of a LPTV Station Application

File Number: 0000087930 | Submit Date: 11/04/2019 | Call Sign: K35JN-D | Facility ID: 181630 | FRN: 0026455469

State: Minnesota | City: DULUTH

Service: LPD Purpose: Resume Operations Status: Received Status Date: 11/04/2019 Filing Status: InActive

General Information

Section Question	Response
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Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
EDGE SPECTRUM, INC. Doing Business As: EDGE SPECTRUM, INC.	PO Box 54025 Hurst, TX 76054 United States	+1 (972) 291- 3750	randy@crosstalk. org	Corporation

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 (3)

Contact Name	Address	Phone	Email	Contact Type
Jim McDonald ENGINEERING CONSULTANT B. W. St.Clair	117 East Eleventh St. Loveland, CO 80537 United States	+1 (970) 593- 8443	jim@windriverbroadcast. com	Technical Representative
Caleb Weiss Vice President Network Operations Edge Spectrum, Inc.	PO Box 54025 Hurst, TX 76054 United States	+1 (972) 293- 2256	cweiss@edgespectrum. com	Legal Representative
Randy Weiss , PhD . Member/Manger EICB-TV EAST, LLC	PO BOX 54025 HURST, TX 76054 United States	+1 (972) 291- 3750	RANDY@CROSSTALK. ORG	Legal Representative

Station Status

Question	Response
Resuming Power Operations:	Full
Date Station Resumed Full Power	11/03/2019

Certification

oplicant waives any claim to the use of any particular ancy or of the electromagnetic spectrum as against the ory power of the United States because of the use use of the same, whether by authorization or ise, and requests an Authorization in accordance with plication (See Section 304 of the Communications Act 4, as amended.). Oplicant certifies that neither the Applicant nor any arry to the application is subject to a denial of Federal sepursuant to §5301 of the Anti-Drug Abuse Act of 21 U.S.C. §862, because of a conviction for sion or distribution of a controlled substance. This action does not apply to applications filed in services ted under §1.2002(c) of the rules, 47 CFR . See §1. Of the rules, 47 CFR §1.2002(b), for the definition of to the application" as used in this certification §1.2002 as Applicant certifies that all statements made in this action and in the exhibits, attachments, or documents	
arry to the application is subject to a denial of Federal spursuant to §5301 of the Anti-Drug Abuse Act of 21 U.S.C. §862, because of a conviction for sion or distribution of a controlled substance. This ation does not apply to applications filed in services ted under §1.2002(c) of the rules, 47 CFR. See §1. of the rules, 47 CFR §1.2002(b), for the definition of to the application" as used in this certification §1.2002 to Applicant certifies that all statements made in this attorn and in the exhibits, attachments, or documents	
prated by reference are material, are part of this attitude, tion, and are true, complete, correct, and made in aith.	
t appropriate FCC regulations to determine the action or coverage requirements that apply to the type sorization requested in this application. UL FALSE STATEMENTS MADE ON THIS FORM BY ATTACHMENTS ARE PUNISHABLE BY FINE AND APPRISONMENT (U.S. Code, Title 18, §1001) AND/OR CATION OF ANY STATION AUTHORIZATION (U.S. Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S.	
	Yes
	Randy Weiss CEO
	cult in automatic cancellation of the Authorization. It appropriate FCC regulations to determine the action or coverage requirements that apply to the type norization requested in this application. UL FALSE STATEMENTS MADE ON THIS FORM IT ATTACHMENTS ARE PUNISHABLE BY FINE AND ITERISONMENT (U.S. Code, Title 18, §1001) AND/OR CATION OF ANY STATION AUTHORIZATION (U.S. Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Title 47, §503). If that this application includes all required and int attachments. In the interior of the above-named applicant for the dentative of the above-named applicant for the ization(s) specified above.

Attachments

File Name	Uploaded By	Attachment Type	Description
K35JNResumption.pdf	Applicant	All Purpose	K35JN Resumption