

(REFERENCE COPY - Not for submission)

FCC Form 399: Eligibility Certification

	Facility ID: 188771	Service: LPD	Call Sign: KLHO-LD	Channel: 26 (UHF)	File Number: 0000088748	
	FRN: 0021084082	Eligibility Status: Ineligible Date Submitted: 01/29/2020				
Applicant	A			Disease	En ell	Applicant

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I	nfor	ma	tion	

Applicant	Address	Phone	Email	Туре
TV ALABANZA MINISTRIES INC.	Rachel Ramirez 1145 SW 240 Service Rd Ste C- 100 OKLAHOMA, OK 73139 United States	+1 (405) 634- 4021	rachel@tdaokc. com	Not-for-Profit

Contact
Representatives
(4)

Contact Name	Address	Phone	Email	Contact Type
Jacqueline Fajardo FCC Liaison and Consultant JD Enterprises	Jackie Fajardo 106 S Airport Dr Weslaco, TX 78596 United States	+1 (956) 970- 9561	Jackiefjd@yahoo.com	Liaison and Consultant
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Anne Thomas Paxson Communications counsel Borsari & Paxson	Anne Thomas Paxson 5335 Wisconsin Avenue, N.W. Suite 440 Washington, DC 20015 United States	+1 (202) 296- 4800	atp@baplaw.com	Legal Representative
William Jeffrey Reynolds <i>Technical Consultant</i> du Treil, Lundin & Rackley, Inc.	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (943) 329- 6013	JEFF@DLR.COM	Technical Representative

Eligibility Information	Section	Question	Response
	LPTV/Translator Eligibility	Selected LMS File Number of Granted Displacement Construction Permit	Authorization File Number 0000054306 Authorization Type CP Service Code LPD
		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.	No

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).	
		 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. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 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. I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Jacqueline Fajardo <i>TV Consultant</i> 01/29/2020

Information not provided.

Attachments