

Suspension of Operations of a LPTV Station Application File Number: 0000004643 Submit Date: 09/16/2015 Call Sign: KELA-LD Facility ID: 28566 FRN: 0032881088 State:

File Number: UU	Submit Date: 09/16/2015	Call Sign: KFLA-LD	Facility ID: 28366	FRN: 0032881088	State:
California	City: LOS ANGELES				
Service: LPD	Purpose: Suspension of Operations	Status: Received	Status Date: 09/16/201	5 Filing Status:	
InActive					

General	Section	Question	Response
Information			
Applicant	Applicant Name, Type, ar	d Contact Information	

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
ROY WILLIAM MAYHUGH Individual Doing Business As: ROY WILLIAM MAYHUGH	701 PERDEW AVE. RIDGECREST, CA 93555 United States	+1 (760) 446- 6794	ROY@MAYHUGH. COM	Other

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	Contact Name	Address	Phone	Email	Contact Type
Representatives (2)	ROY WILLIAM MAYHUGH Proprietor	701 PERDEW AVE. RIDGECREST, CA 93555 United States	+1 (760) 446- 6794	ROY@MAYHUGH. COM	Legal Representative
	BYRON ST. CLAIR ENGINEERING CONSULTANT B. W. St CLAIR	2355 RANCH DRIVE WESTMINSTER, CO 80234 United States	+1 (303) 465- 5742	STCL@COMCAST. NET	Technical Representative

Station Status	Question	Response
	Date Station Suspended Operations:	08/27/2015

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.	Roy William Mayhugh Licensee 09/16/2015

ttachments	File Name	Uploaded By	Attachment Type
	Explanation of Circumstances for Silent STA	Applicant	All Purpose

for KFLA.pdf

Description	
Explanation of Circumstances for STA Request	Silent

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