

(REFERENCE COPY - Not for submission)

Request to Extend a Silent Authority of a LPTV Station Application

File Number: 0000124748Submit Date: 10/15/2020Call Sign: KEVE-LDFacility ID: 67878FRN: 0019858117State:WashingtonCity: VANCOUVERService: LPDPurpose: STA ExtensionStatus: GrantedStatus Date: 10/19/2020Expiration Date: 05/07/2021Filing Status: InActive

Section	Question			Response			
Applicant Name, Type, a	Applicant Name, Type, and Contact Information						
					Applicant		
Applicant		Address	Phone	Email	Туре		
SEVENTH-DAY ADVENTIST Doing Business As: SOUTHE	S RN OREGON CONFERENCE	Herald Follett 19800 OATFIELD ROAD GLADSTONE, OR 97027 United States	+1 (503) 850-3500	Herald. Follett@oc. npuc.org	Not-for- Profit		
	Applicant Name, Type, an Applicant SOUTHERN OREGON CONT SEVENTH-DAY ADVENTIST Doing Business As: SOUTHE	Applicant Name, Type, and Contact Information	Applicant Name, Type, and Contact Information Applicant Address SOUTHERN OREGON CONFERENCE ASSN. OF Herald Follett SEVENTH-DAY ADVENTISTS 19800 Doing Business As: SOUTHERN OREGON CONFERENCE OATFIELD ASSN. OF SEVENTH-DAY ADVENTISTS ROAD GLADSTONE, OR 97027	Applicant Name, Type, and Contact InformationApplicantAddressPhoneSOUTHERN OREGON CONFERENCE ASSN. OF SEVENTH-DAY ADVENTISTSHerald Follett 19800+1 (503) 850-3500Doing Business As: SOUTHERN OREGON CONFERENCE ASSN. OF SEVENTH-DAY ADVENTISTSOATFIELD ROAD GLADSTONE, OR 97027+1 (503) 850-3500	Applicant Name, Type, and Contact Information Applicant Address Phone Email SOUTHERN OREGON CONFERENCE ASSN. OF SEVENTH-DAY ADVENTISTS Herald Follett 19800 +1 (503) 850-3500 Herald. Doing Business As: SOUTHERN OREGON CONFERENCE ASSN. OF SEVENTH-DAY ADVENTISTS Herald Contact 19800 Address Herald. OATFIELD ROAD GLADSTONE, OR 97027 OR 97027 OR 97027 Herald		

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 r

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 (1)	DONALD MARTIN <i>Attorney</i> DONALD E. MARTIN, P. C.	Donald Martin PO Box 8433 Falls Church, VA 22041 United States	+1 (703) 642- 2344	DEMPC@PRODIGY. NET	Legal Representative

Date Station Went Silent:	04/12/2019

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.	Dan Linrud President 10/15/2020

Attachments	File Name	Uploaded By	Attachment Type	Description
	Justification to Extend Silent STA and License.pdf	Applicant	All Purpose	Explanation for Extended STA
	KEVE-312(g)Relief .pdf	Internal	All Purpose	