

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

File Number:0000178187Submit Date:12/29/2021Call Sign:K49LK-DFacility ID:184723FRN:0026455469State:NebraskaCity:NORTH PLATTEService:LPDPurpose:STA ExtensionStatus:SupercededStatus:Status:06/07/2022Filing Status:InActive

General Information	Section	Question			Response	
Applicant	Applicant Name, Type, and Contact Information					
Information						Applicant
	Applicant		Address	Phone	Email	Туре
	EDGE SPECTRUM, INC.		Randy Weiss	+1 (214) 770-	randy@crosstalk.	Corporation
	Doing Business As: EDGE SF	PECTRUM,	PO Box 54025	7770	org	
	INC.		Hurst, TX			
			76054			
			United States			
	Authorization Holder Nam	ne				

## 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 Representatives (4)	Contact Name	Address	Phone	Email	Contact Type
	<b>Suan Hansen</b> <i>Consultant</i> B. W. St. Clair	Susan Hansen 2305 Vida Shaw Rd. New Iberia, LA 70563 United States	+1 (303) 378- 8209	STCL@comcast.net	Technical Representative
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	Randy Weiss CEO EDGE SPECTRUM, INC.	Randy Weiss PO Box 54025 Hurst, TX 76054 United States	+1 (214) 770- 7770	randy@crosstalk.org	Legal Representative
	<b>Caleb Weiss</b> <i>President</i> ARK Multicasting, Inc.	Caleb Weiss PO Box 4655 Cedar Hill, TX 75106 United States	+1 (972) 293- 2256	cweiss@arkmulticasting. com	Legal Representative

Station Status	Question	Response	
	Date Station Went Silent:	05/31/2021	

General Certification Statements The Applicant valves any claim to the use of any particular frequency or of the selectromagnetic spectrum as against the previous use of the same, whether by authorization or otherwykie, 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 Foderal benefits pursuant to §3201 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862. Decause of a conviction for pessession or distribution of a controlled substance. This certification does not apply to application field in services exempted under §1 2002(c) of the rules, 47 OFR. §52. See §1. 2002(b) of the rules, 47 OFR. §52. See §1. 2002(b) of the rules, 47 OFR. §52. See §1. 2002(c) Di the applecation are true, complete, correct, and made in application, and are true, complete, correct, and made in appleciation, and are true, complete, correct, and made in appleciation in automatic consultation or coverage requirements will result in automatic consultation or coverage requirements will result in automatic consultation or coverage requirements will result in automatic consulta	Certification	Section	Question	Response
other party to the application is subject to a denial of Federal benefits pursuant to \$3301 of the Arth Drug Abuse Act of 1988, 21 U.SC. \$852, 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 \$1.2002(b) or 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 are true, complete, correct, and made in apply to the application, and are true, complete, correct, and made in agood faith.   Authorized Party to Sign FulLURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY TEES PAID   Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements will result in automatic cancellation of the Authorization.   VILLFUL-FLASE STATEMENTS MADE ON THIS SORM VILLFUL-FLASE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISABLE BY FINE AND (OR ANY ATTACHMENTS ARE PUNISABLE BY FINE AND (OR IMPRISONMENT (U.S. Code, Tile 14, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 14, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 47, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 15, \$1001 AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Tile 147, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 147, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 147, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 47, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 147, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 47, \$312(a)(11), AND/OR FORFEITURE (U.S. Code, Tile 47, \$312(a)(11), AND			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	
DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDUpon 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. 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).YesI certify that this application includes all required and relevant attachments.YesI declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for theRandall Weiss CEO			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	
relevant attachments.   I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Randall Weiss CEO		Authorized Party to Sign	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.	
representative of the above-named applicant for the CEO				Yes
12/29/2021				CEO

Attachments	
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File Name	Uploaded By	Attachment Type	Description
NE 184723 North Platte Request for Extension of Silent STA and Waiver of Section 312(g).pdf	Applicant	General Information	STA Exhibit