

## Resumption of Operations of an Analog LPTV Station Application

File Number:	Submit Date: 09/28/2009	Call Sign: KBVK-LF	• Facility ID: <b>127822</b>	FRN: 0022764187	State:		
Iowa City: SPENCER							
Service: LPA Pu	rpose: Resume Operations	Status: Granted	Status Date: 09/29/2009	Expiration Date:			
Filing Status: Active							

General Information	Section Question	Section Question						
Applicant Information	Applicant Name, Type, and Contact	Applicant Name, Type, and Contact Information						
					Applicant			
	Applicant	Address	Phone	Email	Туре			
	PAPPAS TELECASTING COMPANIES	500 SOUTH	+1 (559)	FCCMAIL@PAPPASTV.	Other			
	Applicant	CHINOWTH ROAD	733-7800	СОМ				
	Doing Business As: PAPPAS	VISALIA, CA 93277						

**United States** 

## **Authorization Holder Name**

**TELECASTING COMPANIES** 

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 (1)	KATHLEEN VICTORY FLETCHER HEALD & HILDRETH, PLC	1300 N. 17TH STREET SUITE 1100 ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	VICTORY@FHHLAW. COM	Legal Representative

Station Status	Question	Response
	Resuming Power Operations:	
	Date Station Resumed Power	

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. I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	HARRY J. PAPPAS

Attachments	File Name	Uploaded By	Attachment Type	Description
	<u>1335432 793854.txt</u>	Applicant	All Purpose	CURRENT OPERATIONS