

(REFERENCE COPY - Not for submission)

## Suspension of Operations of a LPTV Station Application

File Number:	Submit Date: 05/30/2014 Call S	gn: <b>W45CL-D</b> F	acility ID: 125417 FRN:	0010274462 State:
North Carolina	City: MANTEO			
Service: LPD	Purpose: Suspension of Operations	Status: Pending	Status Date: 06/02/2014	Filing Status: Active

General Information	Section	Question		Re	sponse	
Applicant	Applicant Name, Type, and Contact Information					
Information	Applicant		Address	Phone	Email	Applicant Type
	LAWRENCE F. LOESCH Applicant Doing Business As: LAWREN	CE F. LOESCH	P.O. BOX 950 EDENTON, NC 27932 United States	+1 (252) 449-8331		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 (1)	LAWRENCE F. LOESCH EAST CAROLINA RADIO	P.O. BOX 1418 NAGS HEAD, NC 27959 United States	+1 (252) 449-8331		Legal Representative

Question			

Date Station Suspended Operations:

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.	LAWRENCE F. LOESCH

Attachments	File Name	Uploaded By	Attachment Type Description	
	1639602 1245699.txt	Applicant	All Purpose	SUSPENSION OF OPERATIONS