

(REFERENCE COPY - Not for submission)

Federal Communications Commission	(REFERENCE COPY - Not for submission) FCC Form 399: Eligibility Certification			
	Facility ID: 6069 Service: LPT	Call Sign: K47NQ-D	Channel: 34 (UHF)	File Number: 0000088813

	FRN: 0004255949 Eligibility Status: Eligi	ible Date Submitted: 11	/12/2019		
Applicant Information	Applicant	Address	Phone	Email	Applicant Type
	BOARD OF LOGAN COUNTY	Ed Lake	+1 (970) 522-	rfsystemsllc@gmail.	Government
	COMMISSIONERS	315 MAIN	0888	com	Entity
		STREET			
		Suite 2			
		STERLING, CO			
		80751			
		United States			

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	EDWARD R LAKE CHIEF OPERATOR RF Systems LLC	EDWARD R LAKE 323 W. 4TH AVE YUMA, CO 80759 United States	+1 (970) 630-3854	rfsystemsllc@gmail.com	Technical Representative

Eligibility	Section	Question	Response
Information	LPTV/Translator Eligibility	Selected LMS File Number of Granted Displacement Construction Permit	Authorization File Number 0000054455 Authorization Type CP Service Code LPT
		There is no Granted Displacement Construction Permit for this facility because this facility has been granted a License to Cover.	No
		The Station was licensed or had an application for license (FCC Form 2100 Schedule D) pending on April 13, 2017.	Yes
		The Station was licensed and transmitting for not less than 2 hours in each day of the week and not less than a total of 28 hours per calendar week for 9 of the 12 months prior to April 13, 2017.	Yes
		Licensee has attached true copies of documents or other evidence that demonstrate the Station's operation as described in Section III.1.a.ii.	Yes
		Licensee is not requesting reimbursement for payments previously received or expected to be received from the Fund and is not requesting reimbursement of expenses paid or expected to be paid by any other source.	Yes

	Section	Question	Response
	<section-header></section-header>	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS IN THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		 The Authorized Person signing below certifies and represents that he/she is authorized to submit this TV Broadcaster Relocation Fund Eligibility Certification Form on behalf of the above-named entity. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a 	
		prerequisite for obtaining the payments herein requested. I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Edward Lake <i>Chief Operator</i> 11/12/2019

Information not provided.

Attachments