Approved by OMB (Office of Management and Budget) 3060-0386
July 2002

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Amendment to a LPTV Legal STA Application

File Number: **0000059526** | Submit Date: **03/24/2020** | Call Sign: **W16CA-D** | Facility ID: **126708** | FRN: **0032881088**
State: **Florida** | City: **HOMESTEAD**
Service: **LPD** | Purpose: **Legal STA Amendment** | Status: **Granted** | Status Date: **03/24/2020** | Expiration Date: **09/23/2020** | Filing Status: **InActive**

General Information

Section	Question	Response

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	STA extension
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CAYO HUESO NETWORKS, LLC Doing Business As: CAYO HUESO NETWORKS, LLC	P.O. BOX 1471 EVERGREEN, CO 80437 United States	+1 (303) 478-5647	DDRUCKER@WILDBLUE.NET	Limited Liability Company

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 Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Susan Hansen *CONSULTANT* B. W. St. Clair	2305 Vida Shaw Rd New Iberia, CO 70563 United States	+1 (303) 378-8209	STCL@COMCAST.NET	Technical Representative
James M Talens *Counsel* Counsel	James Talens 6017 Woodley Road MCLEAN, VA 22101 United States	+1 (703) 241-1144	n3jt@verizon.net	Legal Representative

Channel and Facility Information

Section	Question	Response
Facility ID	126708	
State	Florida	
City	HOMESTEAD	
LPD Channel	16	

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.	**Oscar Ibarra** *Manager* 03/24/2020

Attachments

File Name	Uploaded By	Attachment Type	Description
W16CA-312(g)Waiver.pdf	Internal	All Purpose	
W16CA Mar2020 Statement.pdf	Applicant	Amendment	W16CA Statement
W16CA Resumption Exhibit.pdf	Applicant	Amendment	W16CA Resumption Exhibit
W16CA Silent STA Waiver Request.pdf	Applicant	Fees, Waivers and Exemptions	W16CA Waiver Request
W16CA STA Request Sept2017.pdf	Applicant	General Information	W16CA Silent STA