

Federal Communications Commission (REFERENCE COPY - Not for submission)

Cancellation Application

 File Number:
 0000048548
 Submit Date:
 03/13/2018
 Call Sign:
 K17LN-D
 Facility ID:
 60746
 FRN:
 0023422728
 State:

 Oregon
 City:
 GOLD BEACH
 Service:
 LPT
 Purpose:
 Cancellation
 Status:
 Granted
 Status Date:
 03/13/2018
 Expiration Date:
 02/01/2023
 Filing Status:
 Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Oregon TV License Company, LLC	3282 Northside Parkway Suite 275 Atlanta, GA 30327 United States	+1 (470) 355- 1944	jburgett@wileyrein. com	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	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	John M. Burgett , Esq . Wiley Rein LLP	1776 K Street, N.W. Washington, DC 20006 United States	+1 (202) 719- 4239	jburgett@wileyrein.com	Legal Representative

Cancellation	Section	Is this filing a request to cancel the entire facility?			Response		
	Cancel Facility				Yes		
	Current Programming				Yes		
		Please identify station(s) that will carry this programming.					
		Facility ID Call Sign			City	State	
		60736 KDRV			MEDFORD	OR	
		Please identify MVPD(s carry this programming.) or on-line video provider(s) that will				

	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.	Robert S Prather , Jr CEO 03/13/2018

Information not provided.

Attachments