

Administrative Update for a LPTV Translator Station Application

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Information Applicant Name, Type, and Contact Information Applicant Information Address Phone Applicant Applicant Address Phone Email Applicant COWLES MONTANA MEDIA COMPANY Director of Engineering 6000 company Corporation Doing Business As: COWLES MONTANA MEDIA Engineering 1201 w. sprague ave SPOKANE, WA SPOKANE	General	Section	Question			Response			
Applicant Information Address Phone Email Applicant Type COWLES MONTANA MEDIA COMPANY Doing Business As: COWLES MONTANA MEDIA COMPANY Director of Engineering 1201 w. sprague ave SPOKANE, WA 99201 +1 (509) 448- 6000 khq.inc@khq. com Corporation	Information								
ApplicantAddressPhoneEmailApplicantCOWLES MONTANA MEDIA COMPANY Doing Business As: COWLES MONTANA MEDIA COMPANYDirector of Engineering 1201 w. sprague ave SPOKANE, WA 99201+1 (509) 448- 6000khq.inc@khq. comCorporation com	Applicant	Applicant Name, Type, and Contact Information							
COWLES MONTANA MEDIA COMPANY Doing Business As: COWLES MONTANA MEDIA COMPANY Doing Business As: COWLES MONTANA MEDIA COMPANY Director of +1 (509) 448- Engineering 1201 w. sprague ave SPOKANE, WA 99201	Information						Applicant		
Doing Business As: COWLES MONTANA MEDIA COMPANY L201 w. sprague ave SPOKANE, WA 99201 Company		Applicant		Address	Phone	Email	Туре		
COMPANY 1201 w. sprague ave SPOKANE, WA 99201		COWLES MONTANA MEDIA	COMPANY	Director of	+1 (509) 448-	khq.inc@khq.	Corporation		
ave SPOKANE, WA 99201		Doing Business As: COWLES	MONTANA MEDIA	Engineering	6000	com			
SPOKANE, WA 99201		COMPANY		1201 w. sprague					
99201				ave					
				SPOKANE, WA					
United States				99201					
				United States					

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
	JP HAID Director of Engineering Cowles Montana Media Company	director of Engineering PO Box 600 Spokane, WA 99201 United States	+1 (509) 737- 6752	khq.inc@khq.com	Technical Representative
	David H Pawlik , ESQ . David H. Pawlik, attorney at law	David H Pawlik 1513 Defoe Street Rockville, MD 20850 United States	+1 (301) 340- 3329	dave@dhpawlik. com	Legal Representative

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.	Patricia McRae President 11/09/2021

Information not provided.

Attachments