

## Administrative Update for a Digital Class A Station Application

File Number: 0000017584		Submit Date: 11/17/2016	Call Sign: KDFX	-CD	Facility ID: 51207	FRN: 0001590330	
State: California City: INDIO/PALM SPRINGS							
Service: DCA	Purpose:	Administrative Update	Status: Received	Status	s Date: 11/17/2016	Filing Status: Active	

Section Question			Response	
Applicant Name, Type, and Contact In	formation			
Applicant	Address	Phone	Email	Applicant Type
Applicant	Address	FIIONE	Linan	Type
GULF-CALIFORNIA BROADCAST	31276 DUNHAM WAY	+1 (760)	MSTUTZ@KESQ.	Corporation
COMPANY	THOUSAND PALMS,	773-0342	COM	
Doing Business As: GULF-CALIFORNIA	CA 92276			
BROADCAST COMPANY	United States			
	Applicant Name, Type, and Contact In Applicant GULF-CALIFORNIA BROADCAST COMPANY Doing Business As: GULF-CALIFORNIA	Applicant Name, Type, and Contact InformationApplicantAddressGULF-CALIFORNIA BROADCAST COMPANY31276 DUNHAM WAY THOUSAND PALMS, Doing Business As: GULF-CALIFORNIADoing Business As: GULF-CALIFORNIACA 92276	Applicant Name, Type, and Contact InformationApplicantAddressPhoneGULF-CALIFORNIA BROADCAST COMPANY31276 DUNHAM WAY THOUSAND PALMS, CA 92276+1 (760) 773-0342	Applicant Name, Type, and Contact InformationApplicantAddressPhoneEmailGULF-CALIFORNIA BROADCAST COMPANY31276 DUNHAM WAY THOUSAND PALMS, CA 92276+1 (760) 773-0342MSTUTZ@KESQ. COM

## 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)	<b>Stephen Hartzell</b> Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839- 0300	shartzell@brookspierce.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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	Stephen Hartzell Legal Counsel 11/17/2016

Information not provided.

## Attachments