

Administrative Update for a LPTV Translator Station Application

File Number: 0000021978		Submit Date: 02/08/2017	Call Sign: K33L	N-D Facility ID: 189692	2 FRN: 0032111403
State: Idaho	City: SAND	POINT			
Service: LPT	Purpose:	Administrative Update	Status: Received	Status Date: 02/08/2017	Filing Status: Active

General Information	Section	Question		Response			
Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant	Address	Phone	Email	Applicant Type		
	MOUNTAIN LICENSES, L.P. Applicant Doing Business As: MOUNTAII LICENSES, L.P.	2111 UNIVERSITY PARK DRIVE N SUITE 650 OKEMOS, MI 48864 United States	+1 (517) 347-4111	brady@northwestbroadcasting. com	Other		

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
	Dennis P. Corbett Telecommunications Law Professionals PLLC	1025 Connecticut Avenue NW Suite 1011 Washington, DC 20036 United States	+1 (202) 789-3115	dcorbett@telecomlawpros.com	Legal Representative
	RON SWEATTE <i>ENGINEER</i> NORTHWEST BROADCASTING, INC.	4600 SOUTH REGAL STREET SPOKANE, WA 99223 United States	+1 (509) 448-2828	ron. sweatte@northwestbroadcasting. com	Technical Representative

Statements frequency or of the electromagnetic spectrum as agregulatory power of the United States because of the previous use of the same, whether by authorization otherwise, and requests an Authorization in accordat this application (See Section 304 of the Communicat of 1934, as amended.). The Applicant certifies that neither the Applicant nor other party to the application is subject to a denial of benefits pursuant to \$5301 of the Anti-Drug Abuse A 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. certification does not apply to applications filed in see exempted under §1.2002(c) of the rules, 47 CFR §1.2002(b), for the def "party to the application" as used in this certification (c). The Applicant certifies that all statements made application, and are true, complete, correct, and mar good faith. Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION MAY REST DISMISSAL OF THE APPLICATION AND FORFELT OF ANY FEES PAID Upon grant of this application, the Authorization Hol be subject to certain construction or coverage required of the subject to certain construction or coverage required of the subject to certain construction or coverage required of the application.	Section	Question	Response
	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.).		
		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	
	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.	Dennis Corbett Counsel 02/08/2017

Information not provided.

Attachments