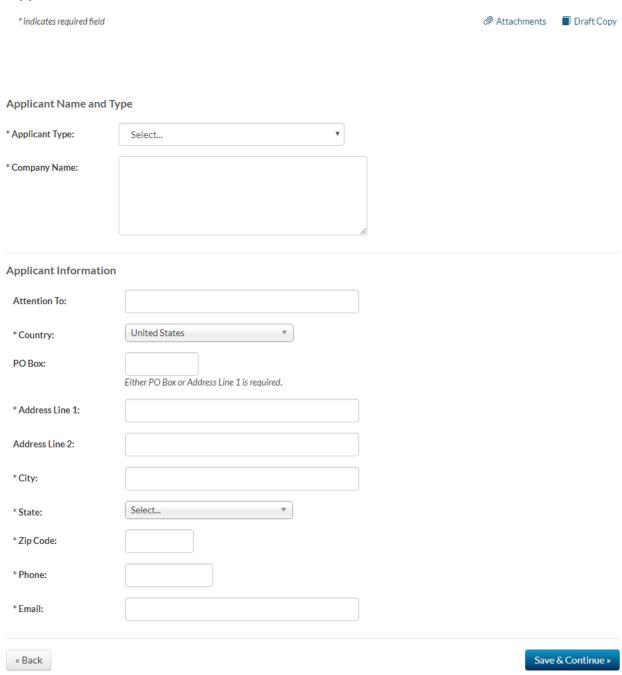
This set of screen shots captures the FM Station License flow in the LMS application.

General Information

Concrai information		
* indicates required field	Attachments	■ Draft Copy
Application Description		
Description of the application (255 characters max.) is visible only to you and is not part of the	submitted application. It will be displayed in your Applications workspace.	
Uploaded Attachments		
* Are attachments (other than associated schedules) being filed with this application?		
○Yes ○No «Clear		
Cancel	Sa	ve & Continue »
Fees, Waivers and Exemptions		
* indicates required field	Attachments	■ Draft Copy
Fees		
* Is the applicant exempt from FCC application Fees?		
○ Yes ○ No ‹‹Clear		
* Is the applicant exempt from FCC regulatory Fees?		
Waivers		
* Does this filing request a waiver of the Commission's rule(s)?		
« Back	Save	& Continue »

Applicant Information



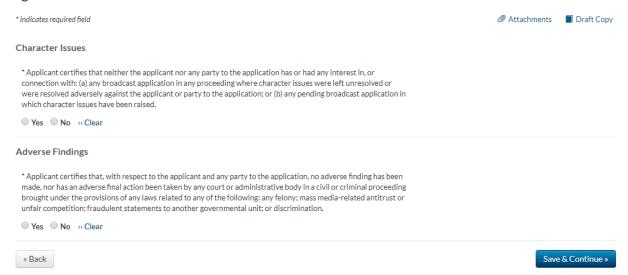
Contact Representatives * indicates required field Contact Type * Please select the contact type: O Legal Representative O Technical Representative Other Contact Name * First Name: Middle Name: * Last Name: Suffix: Title: * Company Name: Contact Information Attention To: United States * Country: PO Box: Either PO Box or Address Line 1 is required. * Address Line 1: Address Line 2: * City: Select... * State: * Zip Code: * Phone: * Email:

« Back

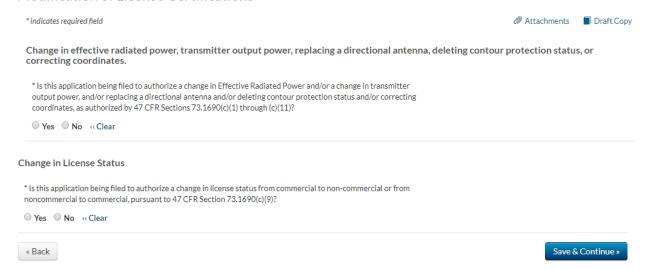
Save & Continue »

Save & Add Another »

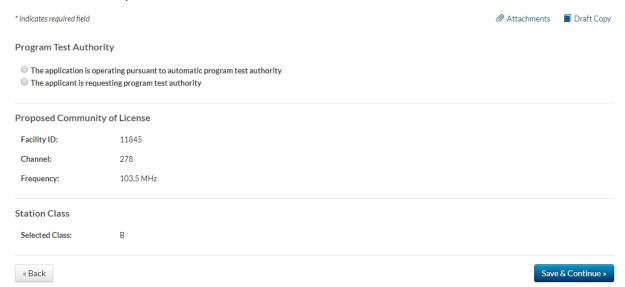
Legal Certifications



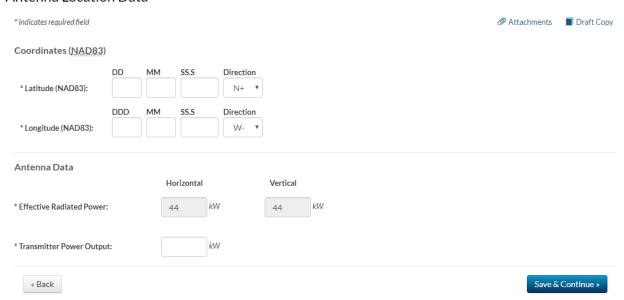
Modification of License Certifications



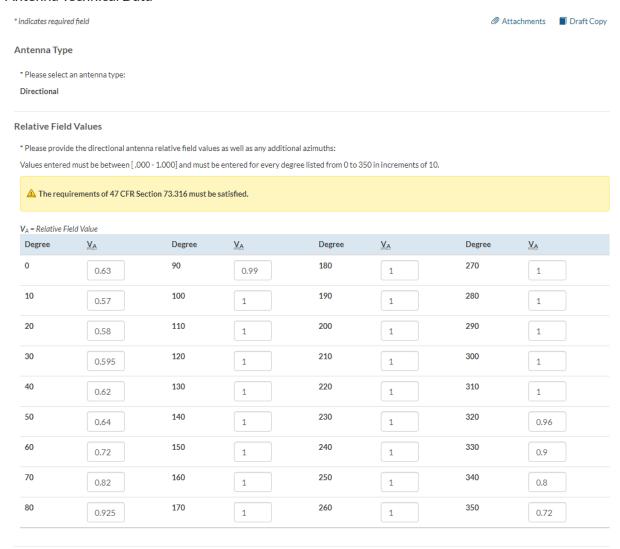
Channel and Facility Information

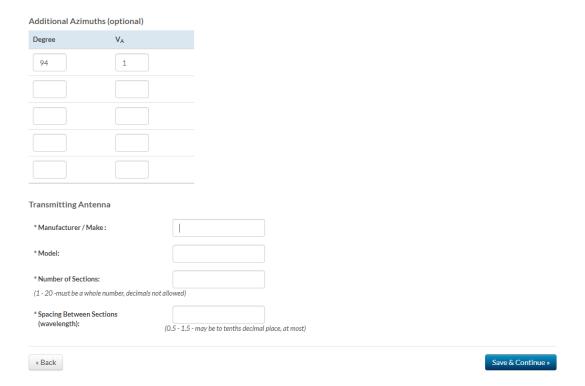


Antenna Location Data

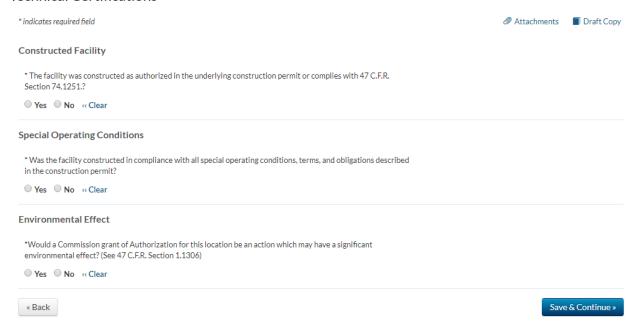


Antenna Technical Data





Technical Certifications



Certification

* indicates required field **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 Actof 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 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 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 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 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 the Applicant nor any other party to the application is subject to a denial of the Anti-Drug Abuse Act of the Applicant nor any other party to the application is subject to a denial of the Applicant nor any other party to the application is subject to a denial of the Applicant nor any other party to the applicant nor any ot $1988, 21\,U.S.C.\,\S\,862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted$ $under \S 1.2002(c) \ of the \ rules, 47 \ CFR . See \S 1.2002(b) \ of the \ rules, 47 \ CFR \ \S 1.2002(c), for the \ definition of "party to the application" as used in this certification \S 1.2002(c).$ 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 are constructed by the construction of the crequirements 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). Ideclare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization (s) specified above.* indicates required field 12/07/2018 Date: * First Name: Middle Name: * Last Name: Suffix: * Title: ☐ I certify that this application includes all required and relevant attachments. * Attachments: Submit Application

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We have estimated that each response to this collection of information will take 1 – 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to **pra@fcc.gov** or send them to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0506), Washington, DC 20554. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number of if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0506.

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