## FORM 2100, SCHEDULE 316 - APPLICATION FOR CONSENT TO ASSIGN BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE OR TRANSFER CONTROL OF ENTITY HOLDING BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE

#### This set of screenshots tracks the Pro Forma Transfer of CP or License Application flow in LMS.

Transfers General Information		
* indicates required field	Ø 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 Application	tions workspace.	
Attachments		
* Are attachments (other than associated schedules) being filed with this application?		
○Yes ○No «Clear		
Cancel	Sav	e & Continue »

Transfers Fees, Waivers, and Exemptions		
* indicates required field	🖉 Attachments	📕 Draft Copy
Fees		
* Is the applicant exempt from FCC application Fees?		
○ Yes ○ No		
Waivers		
* Does this filing request a waiver of the Commission's rule(s)?		
○ Yes ○ No « Clear		
« Back	Sav	e & Continue »

Transfers		
Transfer Type		
* indicates required field	🖉 Attachments	Draft Copy
Transfer Type		
* Is this application a pro forma Transfer of Control? Yes		
* By answering "Yes" the Applicant certifies that the use of short form pro forma application is appropriate for this transaction?		
● Yes ○ No « Clear		
* Is the Transfer of Control:		
O Voluntary Transfer		
O Involuntary Transfer  « Clear All Above		
«Clear All ADOVE		
« Back	Save	e & Continue »

uthorizatio	ons to be Tr	ansferred						
licates required field							🖉 Attachments 🛛 🚨	Draft Cop
							ty Identification Number an	
		l auxiliary service stations.		erred. Include mains	stations, LPFM stat	ions, FM and/or TV trai	nslator stations, LPTV statio	ins, SCA, F
u see facility id on t	this list that cannot	be selected, <u>please review</u>	the list of Facility ID'	associated with on	e or more FRN's.			
elect Call Signs	ò					Selected Call S	igns	
All Call Sign	Facility ID	File Number	Service	City, State	<b>^</b>	Call Sign	Actions	
2								

Transfers Transfer Questions	
* indicates required field	🖉 Attachments 🛛 Draft Copy
* Were any of the authorizations that are the subject of this application obtained through the Commission's competitive bidding procedures (see 47 C.F.R. Sections 1.2111(a) and 73.5000)?	
⊖Yes ⊖No «Clear	
« Back	Save & Continue »

Transfers Licensee/Perm	ittee Information		
* indicates required field		Attachments	Draft Copy
Licensee/Permittee Na	me and Type		
* FRN:			
* Licensee/Permittee Type:	Corporation		
* Company Name:			
Doing Business As:			
Licensee/Permittee Co	ntact Information		
Attention To:			
*Country:	United States *		
PO Box:	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
Address Line 2:			
*City:			
*State:	North Carolina *		
* Zip Code:			
* Phone:			
* Phone:			
X Required Question - Plea	se Respond.		
*Email:			
« Back		Save & Co	ntinue »
		Javed Co	

Transfers		
Licensee/Permit	ttee Contact Representatives	
* indicates required field	🖉 Attachment	s 🚨 Draft Copy
Contact Type		
* Please select the contact ty	/pe:	
<ul> <li>Legal Representative</li> <li>Technical Representative</li> <li>Other</li> </ul>	ve	
Contact Name		
* First Name:		
Middle Name:		
* Last Name:		
Suffix:		
Title:		
* Company Name:		
L		
Contact Information		
Attention To:		
* Country:	United States *	
PO Box:	Either PO Box or Address Line 1 is required.	
* Address Line 1:		
Address Line 2:		
* City:		
* State:	Select *	
* Zip Code:		
* Phone:		
* Email:		
« Back	Save & Add Another > Save	& Continue »

Transfers			
Transferor Info	rmation		
* indicates required field		Attachments	Draft Copy
Transferor Name and T	/pe		
*FRN:	Pre-fill Transferor Details		
* Applicant Type:	Selectv		
*Company Name:			
Doing Business As:			
Doing Dosinessive.			
Transferor Information			
Attention To:			
*Country:	United States *		
PO Box:	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
Address Line 2:			
*City:			
* State:	Select *		
* Zip Code:			
* Phone:			
*Email:			
« Back		Sav	e & Continue »

Transfers				
Add Transfero	r Contact Representative			
* indicates required field			@ Attachments	Draft Copy
Contact Type				
* Please select the contac	t type:			
<ul> <li>Legal Representativ</li> <li>Technical Represent</li> <li>Other</li> </ul>	re Lative			
Contact Name				
* First Name:				
Middle Name:		]		
* Last Name:				
Suffix:				
Title:				
* Company Name:				
Contact Information				
Attention To:				
*Country:	United States *			
PO Box:	Either PO Box or Address Line 1 is required.			
* Address Line 1:				
Address Line 2:				
*City:				
* State:	Select *			
* Zip Code:				
* Phone:				
*Email:				
« Back			Save & Add Another » Save &	& Continue >

## FORM 2100, SCHEDULE 316 - APPLICATION FOR CONSENT TO ASSIGN BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE OR TRANSFER CONTROL OF ENTITY HOLDING BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE

#### "Voluntary" Transfer of Control Authorization selection

Transfers		
Transferor Legal Certifications		
Transfer of Legal Cel tilications		
		_
* indicates required field	Attachments	🔊 Draft Copy
Agreements for Sale/Transfer of Station		
* Transferor certifies that:		
<ul> <li>(i) it has placed in Transferor's public inspection file(s) and submitted to the Commission as an Exhibit to this application copies of all agreements for the assignment/transfer of the station(s);</li> </ul>		
(ii) these documents embody the complete and final understanding between Transferor and Transferee; and		
(iii) these agreements comply fully with the Commission's rules and policies		
O Yes O No O N/A ↔ Clear		
Character Issues		
* Transferor certifies that neither Transferor nor any party to the application has or has had any interest in, or connection with:		
<ul> <li>(a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any party to the application or</li> </ul>		
(b) any pending broadcast application in which character issues have been raised		
○ Yes ○ No « Clear		
A down Tin Jinn		
Adverse Findings		
<ul> <li>Transferor certifies that, with respect to the Transferor and each party to the application, no adverse finding has been made, nor has an</li> </ul>		
adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to		
another governmental unit; or discrimination.		
○ Yes ○ No « Clear		
Auction Authorization		
* Transferor certifies that more than five years have passed since the issuance of the construction permit for the station being assigned,		
where that permit was acquired in an auction through the use of a bidding credit or other special measure.		
○ Yes ○ No ○ N/A « Clear		
« Back	Save	& Continue »

## FORM 2100, SCHEDULE 316 - APPLICATION FOR CONSENT TO ASSIGN BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE OR TRANSFER CONTROL OF ENTITY HOLDING BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE

#### "Involuntary" Transfer of Control Authorization selection

Transfers		
Transferor Legal Certifications		
		_
* indicates required field	Attachments	🔕 Draft Copy
Agreements for Sale/Transfer of Station		
Agreements to sale/ transfer of station		
* If the transaction is involuntary, the Transferor certifies that court orders or other authorizing documents have been issued and that it has placed in the		
licensee's/permittee's public inspection file(s) and submitted to the Commission copies of such court orders or other authorizing documents.		
○ Yes ○ No «Clear		
Character Issues		
* Transferor certifies that neither Transferor nor any party to the application has or has had any interest in, or connection with:		
(a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any		
party to the application or		
(b) any pending broadcast application in which character issues have been raised		
⊖Yes ⊖No «Clear		
Adverse Findings		
* Transferor certifies that, with respect to the Transferor and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the		
action been cave in or any control administrative body market on the chiman proceeding to count of the market and the provide a difference of the chiman count of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.		
O Yes O No «Clear		
O tes O ho w clear		
Auction Authorization		
* Transferor certifies that more than five years have passed since the issuance of the construction permit for the station being assigned, where that permit was acquired in an auction through the use of a bidding credit or other special measure.		
⊖Yes ⊖No ⊖N/A «Clear		
« Back	Sav	e & Continue »

Transfers			
Transferee Info	ormation		
* indicates required field		Attachments	Draft Copy
Transferee Name and T	ype		
* FRN:	Pre-fill Transferee Details		
* Applicant Type:	Select V		
* Company Name:			
company realize			
Doing Business As:			
, i i i i i i i i i i i i i i i i i i i			
Transferee Information			
Attention To:			
*Country:	United States *		
PO Box:	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
Address Line 2:			
*City:			
*State:	Select *		
* Zip Code:			
* Phone:			
* Email:			
		_	
« Back		Sav	e & Continue »

Transfers	- Contact Dominantative		
Add fransfere	e Contact Representative		
* indicates required field			Draft Copy
Contact Type			
* Please select the conta			
<ul> <li>Legal Representati</li> <li>Technical Representation</li> </ul>			
O Other			
Contact Name			
* First Name:			
Middle Name:			
* Last Name:			
Suffix:			
Title:			
* Company Name:			
Contact Information			
Attention To:			
*Country:	United States *		
PO Box:	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
Address Line 2:			
*City:			
*State:	Select *		
* Zip Code:			
* Phone:			
*Email:			
« Back		Save & Add Another * Save & C	ontinue »

Transfers Add Changes in Int	erest as a Result of Transfer
* indicates required field	🖉 Attachments 🛛 📵 Draft Cop
	View Change in Interest Parties to the Application
	information for each party to the application holding an attributable interest. Ids an attributable interest in the applicant, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members.
Name of Party to Application	Holding an Attributable Interest
* Citizenship:	United States *
* First Name:	
Middle Name:	
* Last Name:	
Suffix:	
Title:	
* Company Name:	
Party Contact Information	
*Country:	United States *
PO Box:	Either PO Bax or Address Line 1 is required.
* Address Line 1:	
Address Line 2:	
*City:	
*State:	Select *
*Zip Code:	
*Phone:	
*Email:	
Interest Held Before Transfer	
* Percentage of Votes: * Percentage of Total Assets:	0 %
(equity plus debt)	0 %
Interest Held After Transfer	
* Percentage of Votes:	*
* Percentage of Total Assets: (equity plus debt)	26
« Back	Save & Add Another > Save & Continue >

Transfers Changes in Interest Certification		
* indicates required field	🖉 Attachments 🛛 🧧	Draft Copy
<ul> <li>Applicant certifies that equity and financial interests not set forth by the transferee are nonattributable.</li> <li>Yes O No O N/A « Clear</li> </ul>		
« Back	Save & O	Continue »

Transfers		
Transferee Legal Certifications		
* indicates required field	@ Attachments	Draft Copy
Agreements for Sale/Transfer of Station		
<ul> <li>Transferee certifies that:         <ul> <li>(a) the written agreements in the Transferee's public inspection file and submitted to the Commission embody the complete and final agreement for             the sale or transfer of the station(s); and</li>             (b) these agreements comply fully with the Commission's rules and policies.</ul></li> <li>Yes</li> <li>No</li> <li>Clear</li> </ul>		
Other Authorizations         * Please upload an attachment detailing the call signs, locations, and facility identifiers of all other broadcast stations in which transferee or any party to the application has an attributable interest.         O N/A        Clear <u>Please upload</u> the required information which includes an Exhibit justification.		
Acquisition of Control		
<ul> <li>Please upload an attachment listing the file number and date of grant of FCC Form 301, 314, or 315 application by which the Commission approved the qualifications of the individual or entity with a pre-existing interest in the licensee/permittee that is now acquiring control of the licensee/permittee as a result of the grant of this application.</li> <li>N/A &lt;</li> </ul>		
A Please upload the required information which includes an Exhibit justification.		
Character Issues		
<ul> <li>Transferee certifies that neither transferee nor any party to the application has or has had any interest in, or connection with:</li> <li>(a) any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or any</li> </ul>		
why to toke applications any proceeding matching and a classification account of the classification and proceeding and the application of any		
(b) any pending broadcast application in which character issues have been raised.		
⊖Yes ⊖No «Clear		
Adverse Findings		
<ul> <li>Transferee certifies that, with respect to the transferee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.</li> <li>O Yes O No «Clear</li> </ul>		
Auction Authorization		
<ul> <li>Transferee certifies that where less than five years have passed since the issuance of the construction permit and the permit had been acquired in an auction through the use of a bidding credit or other special measure, it would qualify for such credit or other special measure.</li> <li>Yes</li> <li>No</li> <li>NA</li> <li>Clear</li> </ul>		
• Back	Sa	we & Continue »

Transfers		
Transferee Alien Ownership		
* indicates required field	Ø Attachments	Draft Copy
<ul> <li>1) Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act?</li> <li>Yes</li> <li>No</li> <li>Clear</li> </ul>		
* 2) Is the applicant an alien or the representative of an alien? (Section 310(b)(1)) O Yes O No « Clear		
*3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section 310(b)(2)) O Yes O No « Clear		
<ul> <li>4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section 310(b)(3))</li> <li>Yes O No «Clear</li> </ul>		
<ul> <li>5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by sliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4))</li> <li>Yes O No «Clear</li> </ul>		
<ul> <li>6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act?</li> <li>Yes</li> <li>No</li> <li>Clear</li> </ul>		
<ul> <li>7) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act?</li> <li>Yes</li> <li>No</li> <li>«Clear</li> </ul>		
« Back	Save	& Continue >

## FORM 2100, SCHEDULE 316 - APPLICATION FOR CONSENT TO ASSIGN BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE OR TRANSFER CONTROL OF ENTITY HOLDING BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE

Transfers
Application Summary

Attachments

Attachments

Attachments

Attachments

Attachments

Topy

Attachments

Topy

Attachments

A

Transfers			
Transferee Certify and Signature			
* indicates required field			
General Certification Statements			
Transferee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Transferee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.			
The Transferee certifies that neither the Transferee 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 Transferee 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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. * indicates required field			
Date: 10/08/2020			
* First Name:			
Middle Name:			
* Last Name:			
Suffix:			
* Title:			
Attachments:      I certify that this application includes all required and relevant attachments.			
Save & Continue >			

Transfers				
Transferor Certify and Signature				
* indicates required field 🖉 Attachments 🚇 Draft Cop	У			
General Certification Statements				
aror certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Transferor further certifies that where it has made mative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application tions and worksheets.				
The Transferor certifies that neither the Transferor 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 Transferor 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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. * indicates required field				
Date: 10/08/2020				
* First Name:				
Middle Name:				
Wildle Name.				
* Last Name:				
Suffix:				
* Title:				
*Attachments: I certify that this application includes all required and relevant attachments.				
Submit Application				