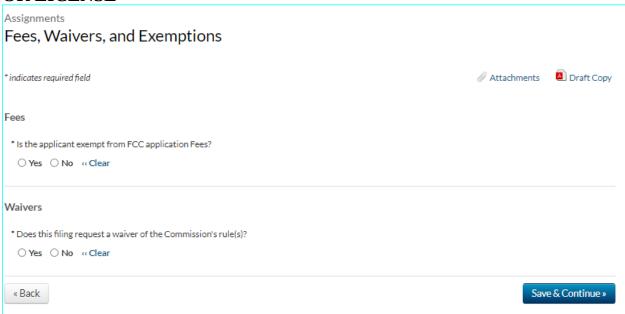
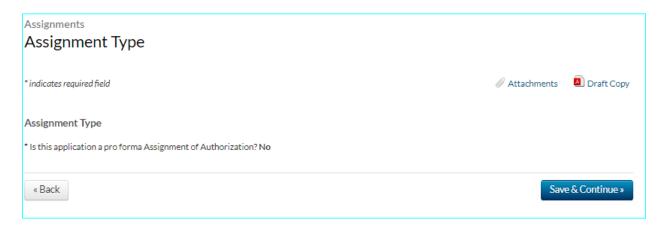
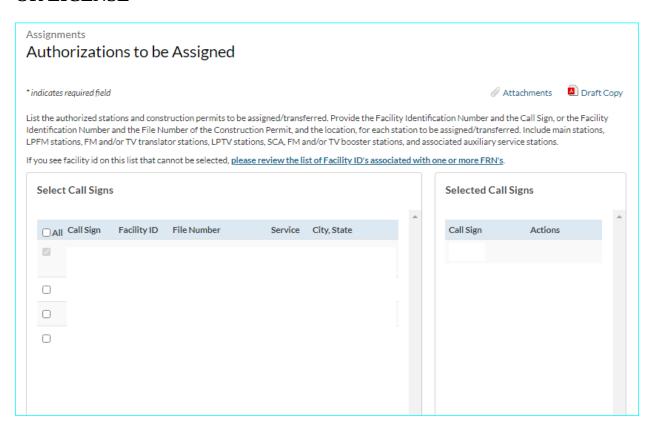
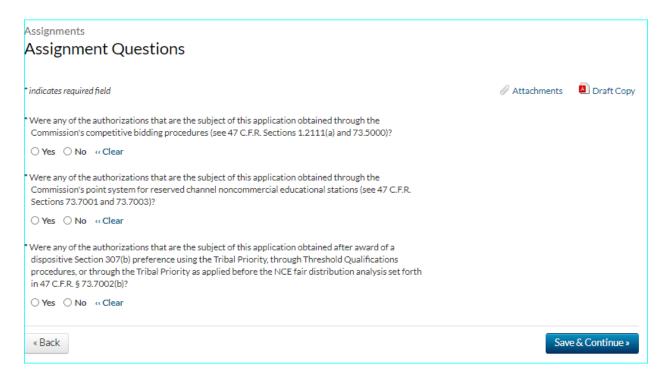
This set of screenshots tracks the Non-Pro Forma Assignment of Construction Permit or License Application flow in LMS.

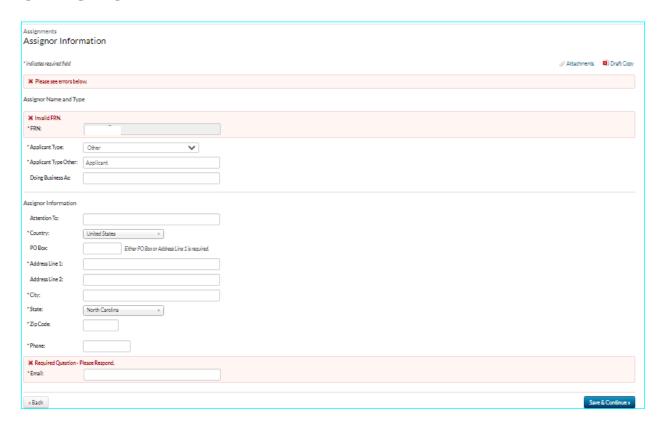
Assignments		
General Information		
* indicates required field		
Application Description		
Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.		
Attachments		
* Are attachments (other than associated schedules) being filed with this application?		
○ Yes ○ No « Clear		
Cancel Save & Continue »		

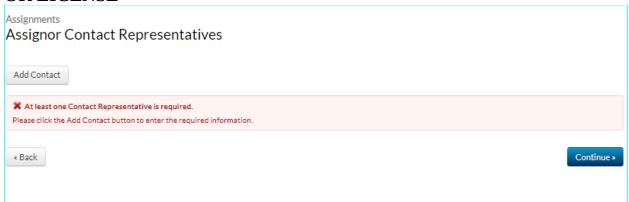


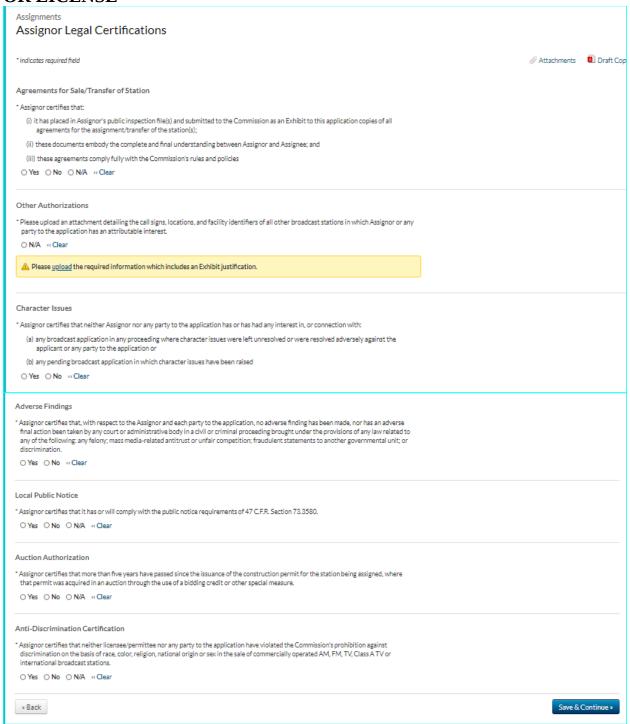


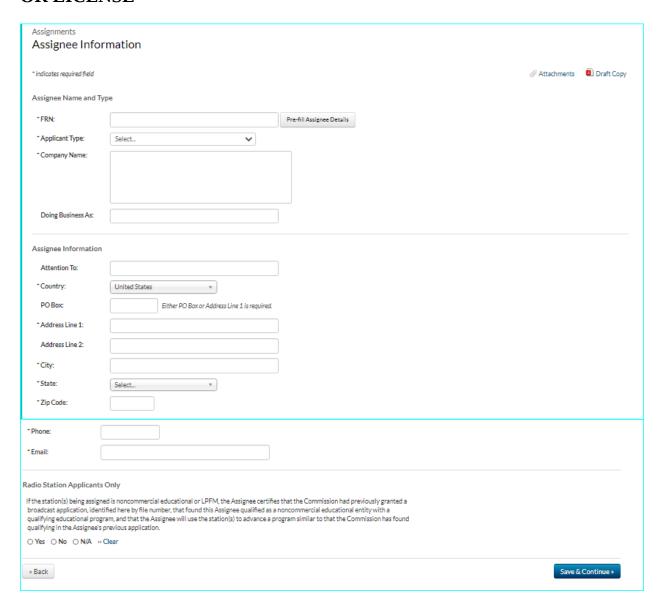




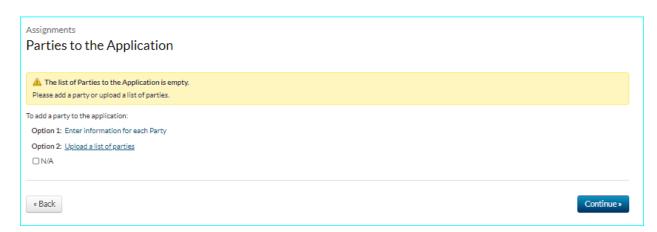




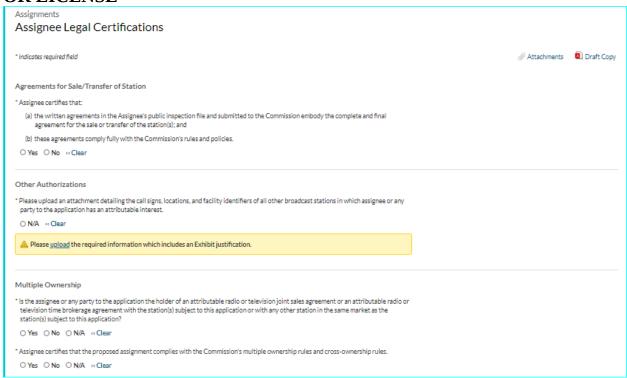




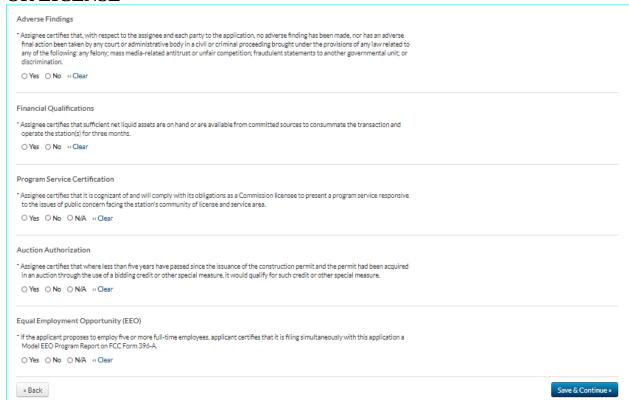


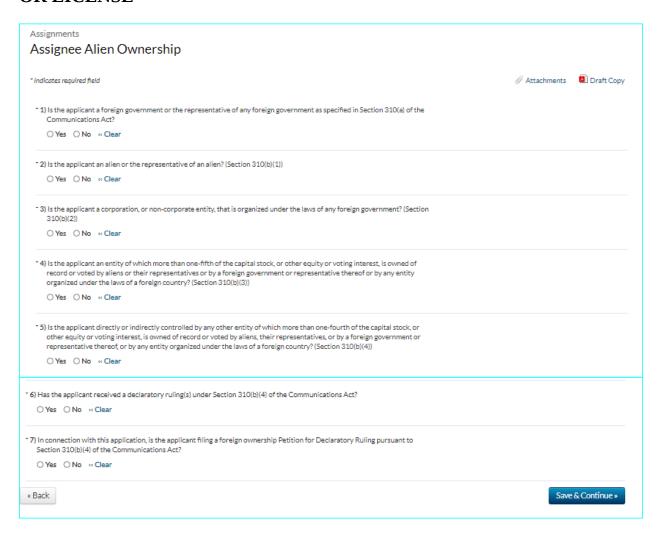




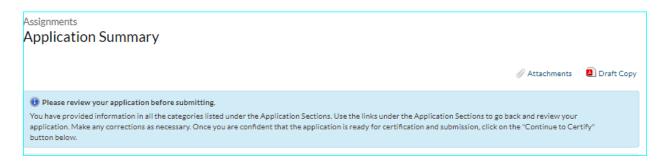


* Assignee certifies that the proposed assignment:			
(1) does not present an issue under the Commission's policies relating to media interests of immediate family members;			
(2) complies with the Commission's policies relating to future ownership interests; and			
(3) complies with the Commission's restrictions relating to the insulation and nonparticipation of non-party investors and creditors.			
○ Yes ○ No ○ N/A « Clear			
* Does the Assignee claim status as an "eligible entity," that is, an entity that qualifies as a small business under the Small Business Administration's size standards for its industry grouping (as set forth in 13 C.F.R. § 121-201), and holds			
(1) 30 percent or more of the stock or partnership interests and more than 50 percent of the voting power of the corporation or partnership that will own the media outlet; or			
(2) 15 percent or more of the stock or partnership interests and more than 50 percent of the voting power of the corporation or partnership that will own the media outlet, provided that no other person or entity owns or controls more than 25 percent of the outstanding stock or partnership interests; or			
(3) More than 50 percent of the voting power of the corporation that will own the media outlet (if such corporation is a publicly traded company)?			
○ Yes ○ No ○ N/A « Clear			
* Does this assignment include a grandfathered cluster of stations?			
○ Yes ○ No ○ N/A « Clear			
* NCE Diversity of Ownership Points. Does the assignee or any party to the application have an attributable interest in an NCE FM or NCE TV station received through the award of *diversity of ownership" points in the point system analysis?			
○ Yes ○ No ○ N/A « Clear			
Character Issues			
* Assignee certifies that neither assignee 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			









Assignments Assignee Ce	ertify and Signature		
* indicates required field	Ø Attachments ■ Draft Copy		
General Certification Statements Assignee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignee 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 oriteria set forth in the application instructions and worksheets.			
certification does not	s that neither the Assignee nor any other party to the application is subject to a denial of Federal benefits pursuant to \$5001 of the And-Drug Abuse Act of 1988, 21 U.S.C. \$852, because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction for possession or distribution of a controlled substance. This spokes because of a conviction of a controlled substance.		
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 ablighed to certain 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 be this paid authorization requirements and apply to the paid Authorization requirements and apply to the paid Authorization requirements that apply to the paid Authorization requirements and apply to the application of the Authorization of the Authorization (Loss of the Authorization of the Authorization (Loss of the Authorization of the Authorization of the Authorization of the Authorization (Loss of the Authorization of			
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 05/2020		
* First Name:			
Middle Name:			
*Last Name:			
Suffic			
*Title:			
* Attachments:	or specify that this application includes all regulated and relevant attachments.		
	Certify & Submit *Application will be available to the PCC when both parties have certifies.		

Assignor Certify and Signature				
" indicates required fiel	// Attachments 🚇 Druft Copy			
General Certification Statements Assignor certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignor 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 Assignor certifies that neither the Assignor nor any other party to the application is subject to a denial of Federal benefits pursuant to \$5301 of the Anti-Crug 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 fled in services exempted under \$1,2002(c) 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 Assignor certifies that all statements made in this application and in the exhibits, attrachments, 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 FALURE 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 apoly to the type of Authorization requested in this application. WILLIFLIE FALSE STATEMENTS MADE ON THIS FORMOR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR FORFEITURE (U.S. Code, Tide 18, \$1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Tide 47, \$212(a)(1)), AND/OR FORFEITURE (U.S. Code, Tide 17, \$500).				
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 05/2020			
*First Name:				
Middle Name:				
*Last Name:				
Suffoc				
*Title:				
*Attachments:	critify that this application includes all required and relevant statements.			
	Cartify & Submit **egolastion will be submitted to the PCC when both parties have cartified.			