

* Indicates required

FCC 312

FEDERAL COMMUNICATIONS COMMISSION
Application for Satellite Space and Earth Station
Authorizations for Transfer of Control or Assignment
FCC 312 Schedule A
FOR OFFICIAL USE ONLY

Approved by OMB No.
3060-0678
Estimated time per
response: 0.5-80 hours
Edition date: August
2024

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See Instructions [↗](#) [Print Form](#) [↗](#)

1. Select one of the following

Consent to Assignment of License

2. Name of Licensee

*FRN

i 0026634261

Name

Cascade IT Solutions

Doing Business As (DBA)

Street Address

1780 N Country Vista Blvd

Street Address 2

City

Liberty Lake

State

 WA

Zip Code/Postal Code

99019

Country

USA

Attention

Steve Sims

Title

Co-Founder

Phone

5094741740

Fax

Email

admin@cascadedefense.com

3. Name of Transferor / Assignor

*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

4. Name of Transferee/ Assignee

*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country


Attention

Title

Phone

Fax

Email

*5. List Callsign(s) of station(s) being assigned or transferred 

Call Signs provided are those that are currently associated with the provided FRNs from the above fields. 

6a. If these facilities are licensed, is the transferee / assignee directly or indirectly controlled by any other entity? If yes, attach as Exhibit E, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties, and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.

N/A

6b. If 6a is yes, attach as Exhibit E:

* Attach File 

7. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.

* Attach File 

Certification

- The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statement made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.
- The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

8a. Printed Name of Licensee (Must agree with 2)

9a. Printed Name of License Transferor/Assignor (Must agree with 3)

10a. Printed Name of License Transferee/Assignee (Must agree with 4)

8b. Title (Office Held by Person Signing)

9b. Title (Office Held by Person Signing)

10b. Title (Office Held by Person Signing)

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Attachments

Attachment No.	File Name	Confidential	Action
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Required information

 Add attachments