* Indicates required

FCC 312

Street Address

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

Save as Draft Delete	See Instructions 🗗 Print Form 🗗	Review to Submit	Go to Main Form
1. Select one of the following			
Consent to Assignment of License			
2. Name of Licensee			
*FRN			
1 0026634261			
Name			
Cascade IT Solutions			
Doing Business As (DBA)			

1780 N Country Vista Blvd
Street Address 2
City
Liberty Lake
State
❸ WA
Zip Code/Postal Code
99019
Country
USA
Attention
Steve Sims
Title
Co-Founder
Phone
5094741740
Fax

Email

dmin@cascadedefense.com	
Name of Transferor / Assignor	
RN	
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ng Business As (DBA)	
eet Address	
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Code/Postal Code	
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Name of Transferee/ Assignee	
RN	
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ing Business As (DBA)	
eet Address	

Street Address 2

City			
State			
Zip Code/Postal Code			
Country			
Attention			
Title			
Phone			
Fax			
Email			

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 statement (including organizational diagrams where appropriate) whichfully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary busienss of the controlling entity and any intermediate subsidiaries or parties, (2) thenames, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding10 percent or more or controlling corporation's voting stock.	and
N/A	
 6b. If 6a is yes, attach as Exhibit E: * Attach File ② 7. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which show how the assignment or tran will serve the public interest. * Attach File ② 	sfer
 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, compete 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 	
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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)	

10a. Printed Name of License Transfe	ee/Assignee (Must agree with 4)			
8b. Title (Office Held by Person Signing	<u>;)</u>			
9b. Title (Office Held by Person Signin	5)			
10b. Title (Office Held by Person Signin	ng)			
Allow Internal Users to View Draf	if in Draft State			
Attachments				
<u>Attachments</u>	-			
Attachment No.	File Name	Confidential		Action
No Attached Files				
* Attach File 🕖				
Save as Draft Delete			Review to Submit	Go to Main Form
De accionad in farma atian				
Required information FRN FRN 5. List Callsign(s) of station(s)) being assigned or transferred			

