## Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 08/19/2019 at 12:01:46 File Number: 0008768798

### FCC 601 Main Form

1) Radio Service Code:

# FCC Application for Radio Service Authorization: Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau

Approved by OMB 3060 - 0798 See instructions for public burden estimate

|   | IG                      |                              |                                       |                                     |
|---|-------------------------|------------------------------|---------------------------------------|-------------------------------------|
| ( | General Information     |                              |                                       |                                     |
| Ī | 2) (Select only one) (R | 0)                           |                                       |                                     |
|   | NE - New                | RO - Renewal Only            | AU - Administrative Update            | NT - Required Notifications         |
|   | MD - Modification       | RM - Renewal/Modification    | <b>WD</b> - Withdrawal of Application | EX - Requests for Extension of Time |
|   | AM - Amendment          | CA - Cancellation of License | DU - Duplicate License                | RL – Registered Location/Link       |

1a) Existing Radio Service Code:

|     | MD - Modification AM - Amendment  RM - Renewal/Modification CA - Cancellation of License  WD - Withdrawal of Application DU - Duplicate License  EX - Requests for RL - Registered Lo   |                                     |
|-----|---|-------------------------------------|
| 3a) | If this application is for a <u>D</u> evelopmental License, De <u>m</u> onstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).   | ( N ) <u>D M S N</u> /A             |
| 3b) | If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.   | ( ) <u>Y</u> es <u>N</u> o          |
| 4)  | If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.   | File Number                         |
| 5)  | If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.  If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.                     | Call Sign<br>WQKS516                |
| 6)  | If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).  | MM DD<br>/                          |
| 7)  | Is this application "major" as defined in §1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929). | ( ) <u>Y</u> es <u>N</u> o          |
| 8)  | Are attachments (other than associated schedules) being filed with this application?  | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |

Fees. Waivers, and Exemptions

| 9) Is the Applicant exempt from FCC application fees?   | ( N ) <u>Y</u> es No                |
|---|-------------------------------------|
| o) to the 7 ppriorate exempt from 1 decapprioration 1000.   | ( N ) <u>T</u> 55 <u>H</u> 5        |
| 10) Is the Applicant exempt from FCC regulatory fees?   | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |
| 11a) Does this application include a request for a Waiver of the Commission's Rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.               | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |
| 11b) If 11a is 'Y', enter the number of rule sections involved.   | Number of Rule Section(s):          |
| 12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station? | ( ) <u>Y</u> es <u>N</u> o          |

| Applicant Information 13) FCC Registration Number (FRN): 0019052174  |               |             |                              |                      |                              |                   |                          |
|--|---------------|-------------|------------------------------|----------------------|------------------------------|-------------------|--------------------------|
| 14) Applicant/Licensee Legal Entity Type: (Select C  | )ne)          |             |                              |                      |                              |                   |                          |
| ( ) Individual ( )Unincorporated Association   |               | rust        | ( )Government                | Entity ( <b>x</b> )C | Corporation (                | )Limited Li       | ability Compar           |
| ( ) General Partnership ( ) Limited Partner  | ership (      | ) Lin       | nited Liability Partn        | ership (             | ) Consortium                 |                   |                          |
| ( ) Other:   |               |             |                              |                      |                              |                   |                          |
| 15) If the Licensee name is being updated, is the u<br>to another party and for which proper Comm<br>provided? |               |             |                              |                      |                              |                   | ) <u>Y</u> es <u>N</u> o |
| 16) First Name (if individual):  | 1             | MI: L       | _ast Name:                   |                      |                              | Suffix            | :                        |
| 17) Legal Entity Name (if other than individual):  |               |             |                              |                      |                              |                   |                          |
|  |               |             |                              |                      |                              |                   |                          |
| RALPHS GROCERY CO 18) Attention To:  |               |             |                              |                      |                              |                   |                          |
| Peter Mijares  |               |             |                              |                      |                              |                   |                          |
| 19) P.O. Box:  | And/Or        | 20) 5       | Street Address:              |                      |                              |                   |                          |
|  | 4             | 1           | 4900 GARFIELD                | AVE                  |                              |                   |                          |
| 21) City:  |               |             |                              | 22) State:           | 23) Z                        | ip Code:          |                          |
| PARAMOUNT  |               |             |                              | CA                   | 90                           | 723-3415          |                          |
| 24) Telephone Number:  |               |             | 25) FAX:                     |                      | •                            |                   |                          |
| (562)663-6753  |               |             | (562)60                      | 63-6763              |                              |                   |                          |
| 26) E-Mail Address:  |               |             |                              |                      |                              |                   |                          |
| pete.mijares@ralphs.com  |               |             |                              |                      |                              |                   |                          |
| ) Demographics (Optional):   |               |             |                              |                      |                              |                   |                          |
| Race: )American Indian or Alaska Native  | Ethni         | -           | c or Latino                  |                      | Gender:<br>( )Male           |                   |                          |
| )Asian   | , ,           | •           | panic or Latino              |                      | ( )Female                    |                   |                          |
| )Black or African-American   |               |             |                              |                      |                              |                   |                          |
| )Native Hawaiian or Other Pacific Islander   |               |             |                              |                      |                              |                   |                          |
| )White   |               |             |                              |                      |                              |                   |                          |
|  |               |             |                              |                      | <u>I</u>                     |                   |                          |
| eal Party in Interest<br>28) Name of Real Party in Interest of Applicant (If d<br>Applicant):                  | ifferent from | l           | 29) FCC Reg                  | gistration Numbe     | er (FRN) of Re               | eal Party in Inte | erest:                   |
| ontact Information (If different from the Applicant)   |               |             | <b>L</b>                     |                      |                              |                   |                          |
| ) Check here if same as Applicant.   |               | <del></del> |                              |                      |                              |                   | 1                        |
| 30) First Name:  |               | MI:         | Last Name:                   |                      |                              |                   | Suffix:                  |
| STEPHANIE  |               |             | ANDERSON                     |                      |                              |                   |                          |
| 31) Company Name:  |               |             |                              |                      |                              |                   |                          |
| BEARCOM OPERATING LLC 32) Attention To:  |               |             |                              |                      |                              |                   |                          |
| 33) P.O. Box:  | And<br>/Or    |             | reet Address:  O. Box 559001 |                      |                              |                   |                          |
| 35) City:  |               |             | 36) State                    | e:                   |                              | 37) Zip Code:     |                          |
| DALLAS   |               |             | TX                           |                      |                              | 75355             |                          |
| 8) Telephone Number:   |               |             | 39) FAX:                     |                      |                              |                   |                          |
| (800)458-9887  |               |             |                              |                      |                              |                   |                          |
| ,  |               |             |                              |                      |                              |                   |                          |
| egulatory Status   |               |             |                              |                      |                              |                   |                          |
|  | he following  | type(s)     | of radio service off         | ering (enter all t   | hat apply):                  |                   |                          |
|  |               |             |                              |                      | hat apply):<br>roadcast Serv | rices (           | ) <u>B</u> and           |

| Γype of | f Radio Service  |                            |  |                                    |   |   |   |                               |   |                          |                  |
|---------|--|----------------------------|--|------------------------------------|---|---|---|-------------------------------|---|--------------------------|------------------|
| 42) Th  | nis filing is for authori                                      | izatior                    | n to provide the   | following                          | type(s) of radio ser  | rvice (choos                              | se all that apply):   |                               |   |                          |                  |
| ` /-    | Eixed  |                            | ) <u>M</u> obile   | (                                  | ) <u>R</u> adiolocation   | (   | ) <u>S</u> atellite (sound)   | (                             | ) <u>B</u> roadcast Se                                      |                          |                  |
| 43) Do  | oes the Applicant pro  | opose                      | to provide servi   | ice interd                         | connected to the pub  | olic telepho                              | ne network?   |                               | (   | ) <u>Y</u> es            | <u>N</u> o       |
| he Mai  | in Form Instruction  | ns for                     | the "Alien Own   | nership (                          | Questions".)  |   | g the circumstances. In p   | reparin                       | ng the attachme   | nt, refe                 | r to             |
| ,       | the Applicant a forei  |                            |  | •                                  | , ,   | ın governm                                | ent?  |                               | (   | ) <u><b>Y</b></u> es     | <u>N</u> o       |
|         | the Applicant an alie  |                            |  |                                    |   |   |   |                               | (   | ) <u>Y</u> es            |                  |
|         | the Applicant a corp   |                            |  |                                    | , , ,   |   |   |                               | (   | ) <u>Y</u> es            |                  |
| ,       |  |                            |  |                                    | •   |   | vned of record or voted by a corporation organized under  |                               | ,   | ) <u>Y</u> es<br>ountry? | <u>N</u> o       |
| is own  |  | ed by a                    | aliens or their rep  | presenta                           | atives, or by a foreigr   |   | nore than one-fourth of the ent or representative thereo  |                               |   | ) <u>Y</u> es            | <u>N</u> o       |
| 48b) l  | If the answer to 47 o  | r 48a                      | is 'Y' select one  | of the c                           | hoices below.   |   |   |                               |   |                          |                  |
|         | The Applicant is ex  | xempt                      | from the provisi   | ions of S                          | ection 310(b).  |   |   |                               |   |                          |                  |
|         |  |                            |  |                                    | ory ruling if the Applie<br>provisions of Sectio                |   | es in the attachment require  | ed by It                      | em 47 or Item 4   | 8a a sh                  | owing            |
|         |  |                            |  |                                    |   |   | wnership, and the applicat<br>coverage area for which   |                               |   |                          |                  |
|         |  | Reco                       | ord citation, if ava   | ʻailable, i                        |   |   | e citation(s) of the applical<br>that there has been no ch  |                               |   |                          |                  |
|         | immediately above  | e; or (                    | (ii) is an "affiliate  | e" of a L                          | _icensee or Lessee/   | /Sublessee                                | ownership, but is not able<br>that received a declarator<br>ermitted under the affiliate  | y ruling                      | ı(s) under 47 CF  | FR § 1.9                 | 990(a)           |
|         | Item 48a the citation  | ion(s)                     | of the Applicant   | t's decla                          | ratory ruling(s) by D   | DA/FCC nur                                | ugust 9, 2013, include in th<br>mber, the FCC Record cita<br>ts ruling and with the Comm  | tion, if a                    | available, releas   | by Item<br>e date,       | 47 or<br>and a   |
|         | copy of a petition a<br>same radio servi<br>declaratory ruling | for de<br>rice(s)<br>pursu | eclaratory ruling<br>and geograph<br>ant to Section 1                      | filed cor<br>nic cover<br>1.990(a) | ntemporaneously wit<br>rage area(s) involv<br>of the Commission | ith the Com<br>ved in the<br>1's Rules, 4 | gust 9, 2013, include in the<br>nmission to extend the Appi<br>application. Alternatively,<br>17 CFR § 1.990(a). Petition<br>BFS) (with a copy attached h | licant's<br>the A<br>ns for d | existing ruling(s<br>Applicant may re<br>leclaratory ruling | e) to cov<br>equest a    | er the<br>new    |
|         | Item 47 or Item 48 date, and a state Commission's Rule         | 8a the<br>ement<br>les. Ti | e citation(s) of the that the Application of the contract the Applicant mu | he applic<br>icant is<br>ust also  | cable declaratory ru<br>in compliance with                      | uling(s) by L<br>the terms<br>on of comp  | of filing this application, in DA/FCC number, the FCC s and conditions of the name a, as applicable.  | Record<br>amed a              | d citation, if avai<br>affiliate's ruling                   | ilable, re<br>and wit    | elease<br>th the |
|         |  |                            |  |                                    | ruling approving its with the Commissio                         |   | wnership and is requesting  | a dec                         | laratory ruling u   | nder 47                  | ' CFR            |
|         |  | uant to                    | o 47 CFR § 1.99  | 90(a). Pe                          | etitions for declarato  |   | e petition for declaratory rul<br>ay be filed electronically or   |                               |   |                          |                  |
|         |  |                            |  |                                    |   |   |   |                               |   |                          |                  |

#### **Basic Qualification Questions**

| 49) Has the Applicant or any party to this application had any FCC station authorization, license or construction<br>permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction<br>permit denied by the Commission?  | ( | ) <u>Y</u> es        | <u>N</u> o |
|--|---|----------------------|------------|
| 50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?  | ( | ) <u><b>Y</b></u> es | <u>N</u> o |
| 51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?  If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances. | ( | ) <u>Y</u> es        | <u>N</u> o |

#### **Aeronautical Advisory Station (Unicom) Certification**

52) ( ) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

#### Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

| 53a) Will the requested facilities be used to provide multichannel video programming service?   | ( | ) <u>Y</u> es | <u><b>N</b></u> o |  |  |  |  |  |
|---|---|---------------|-------------------|--|--|--|--|--|
| 53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest (as defined in 47 CFR § 27.1202) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? | ( | ) <u>Y</u> es | <u>N</u> o        |  |  |  |  |  |
| Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with 47 CFR § 27.1202 or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, them 11a must be answered 'Y'                        |   |               |                   |  |  |  |  |  |

#### Broadband Radio Service and Educational Broadband Service (Part 27)

| 54) (For EBS only) Does the Applicant comply with the programming requirements contained in 47 CFR § 27.1203?  | (        | ) <u><b>Y</b></u> es | <u>N</u> o |  |  |  |  |  |  |
|--|----------|----------------------|------------|--|--|--|--|--|--|
| <b>Note:</b> If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with 47 CFR § 27.1203 of the Commor justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'. | ission's | s Rules              |            |  |  |  |  |  |  |
| 55) (For BRS and EBS) Does the Applicant comply with 47 CFR §§ 27.50, 27.55, and 27.1221?  | (        | ) <u>Y</u> es        | <u>N</u> o |  |  |  |  |  |  |
| Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'  |          |                      |            |  |  |  |  |  |  |

#### For Applicants Who Participated in an Auction

56) Is the Applicant a qualifying rural wireless partnership or a member of a qualifying rural wireless partnership?

( )Yes Note: If the answer to item 56 is 'Y', attach an exhibit listing all members of the qualifying rural wireless partnership, including their FRN numbers.

#### **General Certification Statements**

- 1) 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 license or otherwise, and requests an authorization in accordance with this application.
- 2) The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules.\*

  \*If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) 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.
- 4) 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 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 filled in services exempted under § 1.2002(c) of the rules, 47 CFR § 1.2002(c). See 47 CFR § 1.2002(b) for the definition of "party to the application" as used in this
- 5) The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
- 6) The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 CFR § 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 CFR §§ 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission
- 7) The Applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
- 8) The Applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.
- 9) The Applicant certifies that the Applicant and all of the related individuals and entities required to be disclosed on this application and FCC Form 602 (FCC Ownership Disclosure Information for the Wireless Telecommunications Services) are not person(s) who have been, for reasons of national security, barred by any agency of the Federal Government from bidding on a contract, participating in an auction, or receiving a grant. This certification applies only to applications for licenses for spectrum that is required by Sections 6103, 6401-6403 of the Middle Class Tax Relief and Job Creation Act of 2012, codified at 47 U.S.C. §§ 309, 1413, 1451-1452, to be assigned by a system of competitive bidding under 47 U.S.C. § 309(j).

#### Signature

57) Typed or Printed Name of Party Authorized to Sign First Name: MI: Last Name: Suffix: Peter **Mijares** 58) Title: Manager Signature: 59) Date: Peter 08/19/2019 **Mijares** FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID. Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license 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 LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503). FCC 601 Schedule H

## Technical Data Schedule for the Private Land Mobile and Land Mobile Broadcast Auxiliary Radio Services (Parts 90 and 74)

Approved by OMB 3060 - 0798 See 601 Main Form instructions for public burden estimate

| Eligibility                    |  |   |   |               |                   |                             |
|--------------------------------|--|---|---|---------------|-------------------|-----------------------------|
| 1) Rule Section<br>90.35A1     | n:   | 2) Describe Activity: DISTRIBUTION LO WORK FORCE ON   | CATION USED BY MAINT  | TENACE, SECUR | ITY, AND GEN      | ERAL                        |
| Frequency C                    | Coordinator Info   | rmation (if not self-coording   | nated)  |               |                   |                             |
| 3)<br>Frequency C<br>Num       | coordination   | Name of Frequ   | 4)<br>uency Coordinator   | Teleph        | 5)<br>one Number  | 6)<br>Coordination<br>Date  |
|                                |  |   |   |               |                   |                             |
| 7) Has this app                | lication been succe  | essfully coordinated?   |   |               |                   | ( ) <u>Y</u> es/ <u>N</u> o |
|                                |  |   |   |               |                   |                             |
| 8) Are you requ                | plementation (S<br>uesting a new or mo<br>ch an exhibit with a | clow Growth)  Didified extended implementati  Justification and a proposed s                      | on plan?<br>station construction schedule.                              |               |                   | ( ) <u>Y</u> es/ <u>N</u> o |
| Associated Ca                  | all Signs (Attach  | additional sheets if requ   | uired)  |               |                   |                             |
| Broadcast Au                   | associated   | 10) Facility Id of Parent Station:  | 11) Radio Service of Parent Station:                                    |               | tate of Parent S  | Station Principal           |
| Parent Statior<br>Items 10-12. | i, complete  | Station.  | Parent Station.   | Community:    |                   |                             |
| C <u>a</u> ble Netwo           |  | station, this Applicant is a: ( adcast Network Entity Te  Motion Picture Prod Television Producer |   |               | 14) State of Prim | ary Operation:              |
|                                |  |   |   |               |                   |                             |
| Control Point                  | (s) (Other than a  | t the transmitter) (Attac   | h additional sheets if req  | quired)       |                   |                             |
| 15)<br>Action<br>A/M/D         | 16)<br>Control Point<br>Number                                 | Street Address, (   | 17) Location Street Address, City or Town, County/Borough/Parish, State |               |                   |                             |
|                                |  |   |   |               |                   |                             |

Antenna Information

| Antenna n | Antenna information |         |          |             |           |           |              |           |  |  |  |
|-----------|---------------------|---------|----------|-------------|-----------|-----------|--------------|-----------|--|--|--|
| 19)       | 20)                 | 21)     | 22)      | 23)         | 24)       | 25)       | 26)          | 27)       |  |  |  |
| Action    | Location            | Antenna | AAT      | Antenna Ht. | Azimuth   | Beamwidth | Polarization | Gain (dB) |  |  |  |
| ( )       | Number              | Number  | (meters) | (meters)    | (degrees) | (degrees) |              |           |  |  |  |
| A/M/D     |                     |         |          |             |           |           |              |           |  |  |  |
|           |                     |         |          |             |           |           |              |           |  |  |  |
|           |                     |         |          |             |           |           |              |           |  |  |  |
|           |                     |         |          |             |           |           |              |           |  |  |  |
|           |                     |         |          |             |           |           |              |           |  |  |  |
|           |                     |         |          |             |           |           |              |           |  |  |  |
|           |                     |         |          |             |           |           |              |           |  |  |  |
|           |                     |         |          |             |           |           |              |           |  |  |  |

## **Frequency Information**

| 28)<br>Action<br>( )<br>A/M/D | 29)<br>Location<br>Number | 30)<br>Antenna<br>Number | 31)<br>Frequency (MHz) | 32)<br>Station<br>Class | 33)<br>No. of<br>Units | 34)<br>No. of<br>Paging<br>Receivers | 35)<br>Output<br>Power<br>(watts) | 36)<br>ERP (watts) | 37)<br>Emission<br>Designators |
|-------------------------------|---------------------------|--------------------------|------------------------|-------------------------|------------------------|--------------------------------------|-----------------------------------|--------------------|--------------------------------|
|                               |                           |                          | Existing (if Mod) New  |                         |                        |                                      |                                   |                    |                                |