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

Submitted: 06/11/2020 at 09:38:18 File Number: 0009109000

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

1) Radio Service Code: YM

FCC 601

Main Form

1a) Existing Radio Service Code:

General Information

2)	(Select only one) (NT)	
2)	NE - New RO - Renewal Only AU - Administrative Update NT - Required Not	Extension of Time
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>DMSN</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
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
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?	() <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 <u>N</u> o
10) Is the Applicant exempt from FCC regulatory fees?	() <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.	(<u>N)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

() General Partnership () Limited Partnership () Limited Liability Partnership () Consortium () Other:	mation tration Number (FRN):						
() Other:			ust ()Government	Entity ()Corț	poration ()	Limited Liability Comp
[5] If the Licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) provided? () Yes [5] If the Licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) proved has not been received or proper notification not provided? () Yes [6] First Name (fi individual): [Mit] Last Name: Suffix: [7] Legal Entity Name (if other than individual): [Mit] Last Name: Suffix: [8] Attention To: [9] P.O. Box: [20] Street Address: [23] Zip Code: [9] P.O. Box: [9] P.O. Box: [20] Street Address: [23] Zip Code: [21] City: [22] State: [23] Zip Code: [7] Hispanic or Latino [7] Hispanic or Latino [2] Demographics (Optional): [8] Attention or Alaska Native [7] Hispanic or Latino [7] Hispanic or Latino [7] Male [7] White [8] Attentson or Other Pacific Islander [9] FCC Registration Number (FRN) of Real Party in Interest and Applicant) [7] Or Male [8] Marce [8] Marce in Reservice [9] FCC Registration Number (FRN) of Real Party in Interest and Party in Interest (Marce Address: [8] Marce Address: [9] FOC Box: <td>Partnership () Limited Partne</td> <td>ership (</td> <td>) Limit</td> <td>ed Liability Partne</td> <td>ership ()(</td> <td>Consortium</td> <td></td>	Partnership () Limited Partne	ership () Limit	ed Liability Partne	ership ()(Consortium	
to another party and for which proper Commission approval has not been received or proper notification not provided? 10 First Name (if individual): MI: Last Name: Suffix: 10 First Name (if individual): MI: Last Name: Suffix: 17 Legal Entity Name (if other than individual): TRAITZ Suffix: Suffix: 18) Attention To: ROBERT D. TRAITZ 20) Street Address: 23) Is BLUE HILL TERRACE 19) P.O. Box: And/Or 20) Street Address: 23) Zip Code: 21) City: 23) State: 23) Zip Code: NJ 21) Telephone Number: 22) State: 23) Zip Code: NJ 21) Telephone Number: 25) FAX: 25) FAX: 26) FAX: 26) FAX: 220) BERTATZ @ GMAIL.COM Finicity: Cender: Cender: Rac: Ethnicity: () Not Hispanic or Latino () Male () Female () JBack or African-American () Not Hispanic or Latino () Female () Female 20) Number of Real Party in Interest of Applicant (If different from Applicant) 29) FCC Registration Number (FRN) of Real Party in Interest <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
Biolification To: Mt: Last Name (If individual): Suffix: 18) Attention To: P TRAITZ Suffix: 18) Attention To: ROBERT D. TRAITZ 31 BLUE HILL TERRACE 19) P.O. Box: And/Or 20) Street Address: 23) ZIP Code: 19) P.O. Box: And/Or 20) Street Address: 23) ZIP Code: 10) FOX Box: And/Or 20) Street Address: 23) ZIP Code: 10) FOX Box: And/Or 20) Street Address: 23) ZIP Code: 11) Comparaphics (Optional): 25) FAX: 07481 120) E-Mail Address: BOBTRAIT2 @ GMAIL.COM 1000000000000000000000000000000000000							() <u>Y</u> es <u>N</u> o
17) Legal Entity Name (if other than individual): 18) Attention To: ROBERT D. TRAITZ 19) P.O. Box: And/Or 20) Street Address: 331 BLUE HILL TERRACE 21) City: 22) State: 23) Zip Code: WYCKOFF 20) Street Address: 25) FAX: (201)891-6534 25) FAX: (20) Street Address: BOBTRAITZ@GMAIL.COM 25) FAX: (20) Male (1) Demographics (Optional): Ethnicity: (1) Hispanic or Latino (1) Male (2) Address:	(if individual):	M	II: La	st Name:			Suffix:
IB) Attention To: ROBERT D. TRAITZ P) P.O. Box: And/Or 20) Street Address: 331 BLUE HILL TERRACE 22) State: 23) Zip Code: NJ 07481 22) State: 23) Zip Code: NJ 07481 22) FAX: 23) FAX: 24) Telephone Number: 25) FAX: 25) FAX: 26) FMail Address: BOBTRAITZ@GMAIL.COM Demographics (Optional): Race: () Allian or Alaska Native () Hispanic or Latino () Male () Female () Fema		D	TR	AITZ			
ROBERT D. TRAITZ (9) P.O. Box: And/Or 20) Street Address:: 331 BLUE HILL TERRACE 21) City: 22) State: 23) Zip Code: WYCKOFF 25) FAX: 07481 24) Telephone Number: 25) FAX: 07481 (201)891-6534 25) FAX: 07481 90 F-Mail Address: BOBTRAITZ @ GMAIL.COM () Medress: BOBTRAITZ @ GMAIL.COM () Demographics (Optional): Cender: (201)891-6534 () Medress: () Male () Address: () Not Hispanic or Latino () Male () JAatian () Not Hispanic or Latino () JFemale () JNative Hawaiian or Other Pacific Islander () Not Hispanic or Latino () Female () White () Not Hispanic or Latino () FRN J defense () Female 28) Name of Real Party in Interest 29) FCC Registration Number (FRN) of Real Party in Interest () Proceedition Number (FRN) of Real Party in Interest 30) First Name: MI: Last Name: Su 30) First Name: MI: Last Name: Su 31) Company Name: () OT ANETWORKS, LLC 34) Street Address: 37) Zip Code:	y Name (if other than individual):						
(9) P.O. Box: And/Or 20) Street Address: 331 BLUE HILL TERRACE 21) City: (22) State: (23) Zip Code: WYCKOFF (25) FAX: (27) 1891-6534 (26) E-Mail Address: (25) FAX: (26) FAX: (27) Demographics (Optional): (26) FAX: (26) FAX: (28) E-Mail Address: (27) Hispanic or Latino (17) Maile (28) Asian (28) Fishing it interest (28) For Latino (28) Female (28) Back or African-American (29) FCC Registration Number (FRN) of Real Party in Interest of Applicant (If different from Applicant) (29) FCC Registration Number (FRN) of Real Party in Interest Applicant) (20) Check here if same as Applicant. MI: Last Name: Su (30) First Name: MI: SiMPSON Su (31) Company Name: (34) Street Address: (37) Zip Code: (32) Attention To: (36) State: (37) Zip Code: (33) P.O. Box: (30) State: (37) Zip Code: (35) P.O. Box: (36) State: (37) Zip Code: (35) P.O. Box: (39) FAX: (602)224-1099 (35) FAX: (602)224-1099 (37) Zip Code: <td>0:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	0:						
331 BLUE HILL TERRACE 1) City: 22) State: 23) Zip Code: WYCKOFF 25) FAX: 07481 (201)891-6534 25) FAX: 25) FAX: BOBTRAIT2@ GMAIL_COM Demographics (Optional): tase:) American Indian or Alaska Native Hispanic or Latino) Asian () Not Hispanic or Latino () Male) Asian () Not Hispanic or Latino () Female) Black or African-American () Not Hispanic or Latino () Female) Native Hawaiian or Other Pacific Islander 29) FCC Registration Number (FRN) of Real Party in Interest (B) Name of Real Party in Interest of Applicant (If different from policant) 29) FCC Registration Number (FRN) of Real Party in Interest (1) Corpany Name: MI: Last Name: SumPSON (1) Company Name: MI: Last Name: SumPSON (1) Company Name: 0 34) Street Address: 37) Zip Code: (3) P.O. Box: And 34) Street Address: 37) Zip Code: (6) Ethelphone Number: 39) FAX: 39) FAX: 39) FAX: (6) Ethelphone Number: 39) FAX: <	D. TRAITZ		1				
1) City: 22) State: 23) Zip Code: WYCKOFF NJ 07481 (20) [891-6534 (5) E-Mail Address: BOBTRAITZ@GMAIL.COM (20) Bemographics (Optional): Tace: () Male () American Indian or Alaska Native () Asian () Slack or African-American () Not Hispanic or Latino () Not Hispanic or Latino () Nuive Hawaiian or Other Pacific Islander () White White 29) FCC Registration Number (FRN) of Real Party in Interest 80 Name of Real Party in Interest of Applicant (If different from topplicant): 29) FCC Registration Number (FRN) of Real Party in Interest 29) FIC Registration Number (FRN) of Real Party in Interest of Applicant) () Check here if same as Applicant. () First Name: MARK (1) Company Name: (10) First Name: (11) E HIGHLAND AVE, STE 305 (33) P.O. Box: (36) State: (37) Zip Code: (30) F.O. Box: (31) P.O. Box: (32) FAX: (602)224-1099 (0) E-Mail Address:		And/Or	,				
WYCKOFF NJ 07481 (4) Telephone Number: 25) FAX: 25) FAX: (20) 1981-6534 25) FAX: 25) FAX: (a) Telephone Number: 25) FAX: 25) FAX: (b) Bemagraphics (Optional): Context Context Case:) American Indian or Alaska Native) State: () Male (c) Asian (c) Not Hispanic or Latino () Female () Female (d) Male (c) Not Hispanic or Latino (c) Female (c) Female (e) Black or African-American (c) Not Hispanic or Latino (c) Female (c) Female (e) Male (c) Not Hispanic or Latino (c) Female (c) Female (f) Male (c) Not Hispanic or Latino (c) Female (c) Female (f) White (f) Not Hispanic or Latino (c) Female (c) Female (f) White (f) Offferent from the Applicant (ff different from trom the Applicant) (f) Of State: (f) Offferent from the Applicant. (f) Prist Name: (f) Or (f) State: (f) Zip Code: (f) Zip Code: (f) Or (f) State: (f) Zip Code: (f) Zip Code: (f) Zip Code: (g) Flocing Number: </td <td></td> <td></td> <td>331</td> <td>I BLUE HILL T</td> <td></td> <td>00) Zin C</td> <td>ada.</td>			331	I BLUE HILL T		00) Zin C	ada.
(a) Telephone Number: 25) FAX: (201)891-6534 (5) FAX: (6) E-Mail Address: (7) FAX: BOBTRAITZ@ GMAIL.COM (9) Demographics (Optional): (201) Demographics (Optional): (9) Fission (7) Fiss	-				,		
(201)891-6534 (6) E-Mail Address: BOBTRAITZ@GMAIL_COM) Demographics (Optional): Cace:) American Indian or Alaska Native) Asian) Black or African-American) Native Hawaiian or Other Pacific Islander White Pall Party in Interest (P) Nore Real Party in Interest of Applicant (If different from the Applicant): (P) Check here if same as Applicant. (I) Company Name: (I) Company Name: </td <td></td> <td></td> <td></td> <td>25) FAX:</td> <td>NJ</td> <td>07401</td> <td></td>				25) FAX:	NJ	07401	
6) E-Mail Address: BOBTRAITZ@GMAIL_COM) Demographics (Optional): Tace:) American Indian or Alaska Native) Asian) Asian) Black or African-American) Native Hawaiian or Other Pacific Islander) White Harvin Interest B) Name of Real Party in Interest of Applicant (If different from pplicant): Deck here if same as Applicant. 0) First Name: MARK 1) Company Name: IDTA NETWORKS, LLC 2) Attention To: 3) P.O. Box: And 34) Street Address: 5) City: PHOENIX 8) Telephone Number: (Suppone Number				,			
Demographics (Optional): Ethnicity: Gender: American Indian or Alaska Native American Indian or Alaska Native Male Asian () Not Hispanic or Latino () Female Black or African-American Native Hawaiian or Other Pacific Islander () Not Hispanic or Latino () Female Male () Not Hispanic or Latino () Female () Female White () Not Hispanic or Latino () Female Male () Not Hispanic or Latino () Female White () Not Hispanic or Latino () Female Male () Not Hispanic or Latino () Female White () PCC Registration Number (FRN) of Real Party in Interest Bilax of Real Party in Interest of Applicant (If different from the Applicant) () Check here if same as Applicant. () O First Name: O) First Name: MI: Last Name: Su MARK SIMPSON SimpSon Su 1) Company Name: () Or 34) Street Address: 37) Zip Code: 3) P.O. Box: 36) State: 37) Zip Code: 37) Zip Code: B) Telephone Number: (602) 224-1099 (602) 224-1099 0) E-Mail Address:							
tace:) American Indian or Alaska Native) Asian) Black or African-American) Black or African-American) Native Hawaiian or Other Pacific Islander) White mal Party in Interest B) Name of Real Party in Interest of Applicant (If different from policant): Image: Company Name: IDTA NETWORKS, LLC MI: Last Name: SumPSON Sum SumPSON Sum SumPSON 0) First Name: IDTA NETWORKS, LLC MI: Last Name: SumPSON SumPSON SumPSON 1) Company Name: IDTA NETWORKS, LLC MI: SumPSON SumPSON Sum SumPSON 3) P.O. Box: And IOT 34) Street Address: 2111 E HIGHLAND AVE, STE 305 37) Zip Code: 85016 5) City: PHOENIX 39) FAX: (602)224-1099 37) Zip Code: 85016 39) FAX: 0) E-Mail Address: 39) FAX: Sum (602)224-1099 37) Zip Code:	TZ@GMAIL.COM						
Ethnicity: Gender:)American Indian or Alaska Native ()Hispanic or Latino ()Male)Asian ()Not Hispanic or Latino ()Female)Black or African-American)Native Hawaiian or Other Pacific Islander ()Not Hispanic or Latino ()Female)White 29) FCC Registration Number (FRN) of Real Party in Interest al Party in Interest 29) FCC Registration Number (FRN) of Real Party in Interest s) Name of Real Party in Interest of Applicant (If different from the Applicant) 29) FCC Registration Number (FRN) of Real Party in Interest	ics (Optional):						
)Black or African-American)Native Hawaiian or Other Pacific Islander)White al Party in Interest 8) Name of Real Party in Interest of Applicant (If different from pplicant): 29) FCC Registration Number (FRN) of Real Party in Interest 0) First Name: 0) First Name: MARK 0) First Name: MARK 1) Company Name: IOTA NETWORKS, LLC 2) Attention To: 3) P.O. Box: And /or 34) Street Address: 25) City: PHOENIX 8) Telephone Number: (855)743-6478 (0) E-Mail Address:			-	or Latino			
Native Hawaiian or Other Pacific Islander)White al Party in Interest (B) Name of Real Party in Interest of Applicant (If different from popicant): (D) First Name: (D) Company Name: (D) Company Name: (D) Consox: (And (Or (34) Street Address: (2) Attention To: (3) P.O. Box: (And (Or (36) State: (37) Zip Code: (B) Telephone Number: (B) Telephone Number: (B) FAX: (B) Telephone Number: (B) F-Mail Address:		٩()	Not Hispa	nic or Latino		()Female	
jWhite 29) FCC Registration Number (FRN) of Real Party in Interest i8) Name of Real Party in Interest of Applicant (If different from spplicant): 29) FCC Registration Number (FRN) of Real Party in Interest intact Information (If different from the Applicant)	African-American						
j)White 29) FCC Registration Number (FRN) of Real Party in Interest 29) FCC Registration Number (FRN) of Real Party in Interest 29) FCC Registration Number (FRN) of Real Party in Interest 20) First Name: 29) FCC Registration Number (FRN) of Real Party in Interest 20) First Name: MI: 21) Company Name: Interest 22) Attention To: Sumpson 33) P.O. Box: And /Or 34) Street Address: 2111 E HIGHLAND AVE, STE 305 35) City: PHOENIX 39) FAX: 85016 8) Telephone Number: 39) FAX: (602)224-1099 0) F-Mail Address: 0) F-Mail Address: 1000	awaiian ar Othar Daaifia Ialandar						
Party in Interest (38) Name of Real Party in Interest of Applicant (If different from poplicant): (39) FCC Registration Number (FRN) of Real Party in Interest (10) First Name: (11) Company Name: (12) Company Name: (13) P.O. Box: (14) Company Name: (15) City: (15) City: (16) First Name: (17) Company Name: (18) P.O. Box: (19) FOC Registration Number (FRN) of Real Party in Interest (11) Company Name: (12) Attention To: (13) P.O. Box: (14) PHOENIX (15) City: (16) First Name: (17) PHOENIX (18) Telephone Number: (18) Telephone							
29) FCC Registration Number (FRN) of Real Party in Interest of Applicant (If different from Applicant): 29) FCC Registration Number (FRN) of Real Party in Interest of Applicant): 29) FCC Registration Number (FRN) of Real Party in Interest of Applicant): 20) First Name: 20) First Name: 21) Check here if same as Applicant. 20) First Name: MARK MARK MI: Last Name: MARK Sumpson 10 Company Name: IOTA NETWORKS, LLC 12) Attention To: 33) P.O. Box: And /Or 34) Street Address: 35) City: PHOENIX 8) Telephone Number: (855)743-6478 0) E-Mail Address:							
) Check here if same as Applicant. MI: Last Name: Sumpson MARK SIMPSON Sumpson Sumpson MARK SIMPSON Sumpson Sumpson M1) Company Name: IOTA NETWORKS, LLC Sumpson Sumpson S2) Attention To: And 34) Street Address: Sumpson Sumpson S3) P.O. Box: And JOr Street Address: Sumpson Sumpson S5) City: So State: State: State: Stote Stote Stote PHOENIX So State: Stote Stote Stote Stote Stote Stote Stote 0) E-Mail Address: G02)224-1099 Other Stote Stote <td< td=""><td></td><td>lifferent from</td><td></td><td>29) FCC Reg</td><td>istration Number (</td><td>FRN) of Real P</td><td>Party in Interest:</td></td<>		lifferent from		29) FCC Reg	istration Number (FRN) of Real P	Party in Interest:
30) First Name: MI: Last Name: Sumpson MARK SIMPSON SIMPSON Sumpson 31) Company Name: IOTA NETWORKS, LLC Sumpson Sumpson 32) Attention To: And 34) Street Address: 2111 E HIGHLAND AVE, STE 305 33) P.O. Box: And And Sumpson Sumpson 33) P.O. Box: And And Sumpson Sumpson 33) P.O. Box: And Sumpson Sumpson Sumpson 35) City: 36) State: 37) Zip Code: 37) Zip Code: PHOENIX 36) State: 37) Zip Code: 85016 38) Telephone Number: 39) FAX: (602)224-1099 (602)224-1099 (0) E-Mail Address: Image: Sumpson Image: Sumpson Image: Sumpson	· · · · · · · · · · · · · · · · · · ·)		I			
And 34) Street Address: 33) P.O. Box: And /Or 34) Street Address: 2111 E HIGHLAND AVE, STE 305 35) City: 36) State: PHOENIX 36) State: 8) Telephone Number: 39) FAX: (855)743-6478 (602)224-1099 0) E-Mail Address: (602)224-1099			MI:	Last Name:			Suffix:
IOTA NETWORKS, LLC (2) And /Or 34) Street Address: 2111 E HIGHLAND AVE, STE 305 (3) P.O. Box: 36) Street Address: 2111 E HIGHLAND AVE, STE 305 (5) City: PHOENIX 36) State: AZ 37) Zip Code: 85016 8) Telephone Number: (855)743-6478 39) FAX: (602)224-1099 (602)224-1099 (0) E-Mail Address: (602)224-1099 (602)224-1099				SIMPSON			
32) Attention To: And /Or 34) Street Address: 2111 E HIGHLAND AVE, STE 305 35) City: 36) State: 37) Zip Code: PHOENIX 36) State: 37) Zip Code: 88) Telephone Number: 39) FAX: 85016 (855)743-6478 (602)224-1099 0) E-Mail Address: 9	Name:	I		I			I
/Or 2111 E HIGHLAND AVE, STE 305 85) City: 36) State: 37) Zip Code: PHOENIX AZ 85016 8) Telephone Number: 39) FAX: (602)224-1099 (0) E-Mail Address: (602)224-1099 (602)224-1099							
35) City: 36) State: 37) Zip Code: PHOENIX AZ 85016 18) Telephone Number: 39) FAX: (602)224-1099 0) E-Mail Address: (602)224-1099			,		AVE, STE 305		
8) Telephone Number: 39) FAX: (855)743-6478 (602)224-1099 0) E-Mail Address: (602)224-1099		I		,	2:		
0) E-Mail Address:							
				(602)22	4-1099		
MOIMFOUNWIULACOMMUNICATIONS.COM		COM					
egulatory Status		COM					
1) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):		the following f	type(s) of	f radio service off	ering (enter all that	apply):	

Type of Radio Service

42)	42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply):									
() <u>F</u> ixed	() <u>M</u> obile	() <u>R</u> adiolocation	() <u>S</u> atellite (sound)	() <u>B</u> roadcast Services
43)	43) Does the Applicant propose to provide service interconnected to the public telephone network? ()Yes No									

Alien Ownership Questions (If any answer is 'Y'', provide an attachment explaining the circumstances. In preparing the attachment, refer to the Main Form Instructions for the "Alien Ownership Questions".)

44) Is the Applicant a foreign government or the representative of any foreign government?	() <u>Y</u> es	<u>N</u> o
45) Is the Applicant an alien or the representative of an alien?	() <u>Y</u> es	<u>N</u> o
46) Is the Applicant a corporation organized under the laws of any foreign government?	() <u>Y</u> es	<u>N</u> o
47) Is the Applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a f	(foreign cc) <u>Y</u> es puntry?	<u>N</u> o
48a) Is the Applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock	() <u>Y</u> es	<u>N</u> o

48a) Is the Applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?

48b) If the answer to 47 or 48a is 'Y' select one of the choices below.

The Applicant is exempt from the provisions of Section 310(b).

It is not necessary to file a petition for declaratory ruling if the Applicant includes in the attachment required by Item 47 or Item 48a a showing that the requested license(s) is exempt from the provisions of Section 310(b).

The Applicant has received a declaratory ruling(s) approving its foreign ownership, and the application involves only the acquisition of additional spectrum for the provision of a wireless service in a geographic coverage area for which the Applicant has been previously authorized.

If checked, include in the attachment required by Item 47 or Item 48a the citation(s) of the applicable declaratory ruling(s) by DA/FCC number, the FCC Record citation, if available, release date, and a statement that there has been no change in the foreign ownership of the Applicant since the issuance of its ruling.

The Applicant: (i) has received a declaratory ruling(s) approving its foreign ownership, but is not able to make the certification specified immediately above; or (ii) is an "affiliate" of a Licensee or Lessee/Sublessee that received a declaratory ruling(s) under 47 CFR § 1.990(a) and is relying on the affiliate's ruling for purposes of filing this application as permitted under the affiliate's ruling and 47 CFR § 1.994(b).

If checked, and if the Applicant received its declaratory ruling(s) on or after August 9, 2013, include in the attachment required by Item 47 or Item 48a the citation(s) of the Applicant's declaratory ruling(s) by DA/FCC number, the FCC Record citation, if available, release date, and a statement that the Applicant is in compliance with the terms and conditions of its ruling and with the Commission's Rules.

If checked, and if the Applicant received its declaratory ruling(s) prior to August 9, 2013, include in the attachment required by Item 48a a copy of a petition for declaratory ruling filed contemporaneously with the Commission to extend the Applicant's existing ruling(s) to cover the same radio service(s) and geographic coverage area(s) involved in the application. Alternatively, the Applicant may request a new declaratory ruling pursuant to Section 1.990(a) of the Commission's Rules, 47 CFR § 1.990(a). Petitions for declaratory ruling may be filed electronically on the Internet through the International Bureau Filing System (IBFS) (with a copy attached hereto).

If checked, and if the Applicant is relying on an affiliate's ruling for purposes of filing this application, include in the attachment required by Item 47 or Item 48a the citation(s) of the applicable declaratory ruling(s) by DA/FCC number, the FCC Record citation, if available, release date, and a statement that the Applicant is in compliance with the terms and conditions of the named affiliate's ruling and with the Commission's Rules. The Applicant must also include a certification of compliance signed by the named affiliate or other qualified entity as specified in 47 CFR § 1.994(b). See Main Form Instructions for Items 47 or 48a, as applicable.

The Applicant has not received a declaratory ruling approving its foreign ownership and is requesting a declaratory ruling under 47 CFR § 1.990(a) in a petition filed contemporaneously with the Commission.

If checked, include in the attachment required by Item 47 or 48a a copy of the petition for declaratory ruling filed contemporaneously with the Commission pursuant to 47 CFR § 1.990(a). Petitions for declaratory ruling may be filed electronically on the Internet through the International Bureau Filing System (IBFS) (with a copy attached hereto).

Basic Qualification Questions	
49) Has the Applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	(
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?	(
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.

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? ()Yes	s No
) <u></u> 00	<u> </u>
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	s <u>N</u> o
Note: If the answer to question 52b is (V) attach an arbibit evolution how the Applicant complice with 47 CEP & 27 1202 or justifying	•	

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, Item 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?

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with 47 CFR § 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

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

)<u>Y</u>es <u>N</u>o

(

)<u>Y</u>es <u>N</u>o

)<u>Y</u>es <u>N</u>o

)<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?

)<u>Y</u>es <u>N</u>o

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) 1	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 filed 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 certification.
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) 1	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) 1	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:				
Judith			Thatcher						
58) Title:	58) Title: Delivery Manager								
Signature: 59) Date:									
Judith	с ,								
FAILURE	TO SIGN THIS APPLICATION MAY RESULT IN DISM	IISSAL	OF THE APPLICATION AND FORFEITURE OF	ANY FEE	S PAID.				
coverage requ	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.								
§ 1001) AND/0	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).								

Schedule for Required Notifications for Wireless Services

Approved by OMB 3060 – 0798 See 601 Main Form Instructions For public burden estimate

1) Purpose

The purpose of this submission: Enter one purpose only - 1, 2, 3, 4, T, S, D, G or H (S) See below and refer to instructions.

Satisfaction of Buildout/Coverage Requirements (Market-based services and State License Radio Service (SL) only)

- 1 1st buildout/coverage requirements for the referenced system have been met. (List call signs in 2a)
- 2 2nd buildout/coverage requirements for the referenced system have been met. (List call signs in 2a)
- 3 3rd buildout/coverage requirements for the referenced system have been met. (List call signs in 2a)
- 4 4th buildout/coverage requirements for the referenced system have been met. (List call signs in 2a)
- Tribal lands buildout/coverage requirements for the referenced system have been met. (List call signs in 2a)

Satisfaction of Construction Requirements (Site-licensed services only)

S Construction requirements for the referenced parameters have been met. (List, as applicable, call signs, locations or paths, frequencies, actual date of construction and mobile units in Item 2.)

Request for Regular Authorization for Facilities Operating under Developmental Authority (Paging services only)

D Notification to request regular authorization for facilities previously operating under developmental authority. (List, as applicable, call signs, locations, frequencies and actual date of construction in Item 2.)

Extended Implementation (Slow Growth) (Land Mobile Services only)

- **<u>G</u>** Notification of compliance with yearly station construction commitments for licensees with approved extended implementation plans. (List call signs in Item 2a.)
- H Final notification that construction requirements have been met for the referenced system with approved extended implementation plan. (List, as applicable, call signs, locations, frequencies, actual date of construction and mobile units in Item 2.)

2) Call Signs/Locations or Paths/Frequencies

2a)	2b)	2c)	2d)	2e)	2f)	2g)
Call Sign	Location	Path Number	Center (Assigned)	Upper	Actual Date of	Number of
Call Sign	Number		or Lower		Construction	
	Number	(Microwave		Frequency (MHz)		Operational
		only)	Frequency (MHz)		(mm/dd/yy)	Mobiles (see
						instructions)
WREK264	1		000860.66250000		06/11/20	
WREK264	1		000860.68750000		06/11/20	
WREK264	1		000860.71250000		06/11/20	

2a) Call Sign	2b) Location Number	2c) Path Number (Microwave only)	2d) Center (Assigned) or Lower Frequency (MHz)	2e) Upper Frequency (MHz)	2f) Actual Date of Construction (mm/dd/yy)	2g) Number of Operational Mobiles (see instructions)
WREK264	1		000860.73750000		06/11/20	
WREK264	2		000809.0000000	000824.00000000	06/11/20	

3) Certification

By signing the Main Form, the applicant certifies, as set forth in 47 C.F.R. §1.946(c) of the Commission's rules, that it has commenced service or operations by the expiration of its construction period, or met its coverage or substantial service obligations by the expiration of its coverage period.