Administrative		Location		Antenna	Freque	Frequency	
Application Inform	nation Applicant O	vnership Questions/	Qualification Que	stions   General Cer	tification Statements	Control Point	
Applicant Infor	mation FCC Registration	n Number (FRN) 002	1020235				
Legal Entity Type:		✓ If Other	please specify				
First Name:		MI:	Last Name:		Suffix:		
Entity Name	Your Name if filing for	an individual, or you	r company name	ŭ.		A M	
	ame is being updated, is ich proper Commission ap				e(s) to another 🧻 🏣	O no	
Attention To:	Fill out as per your in	ormation.					
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(if different from a Contact Inform	1	MI:	Last N	FRN) of Real Party in Int ame: Last Name	erest '	RPI name	
Company:	Your company						
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City:	Your city		State:	Zip Code:			
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Demographics	(Optional)						
Race	American Indian or	Alaska Native	☐ As	ian	Black or African-Ar	nerican	
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Quit Ann	lication	FCC 601 Privacy Act		Please review	the PRIVACY ACT before	Submit	

Please review the PRIVACY ACT before submitting this application