

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR  
FCC  
USE  
ONLY

ORIGINAL

0020-EX-TC-2000

**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

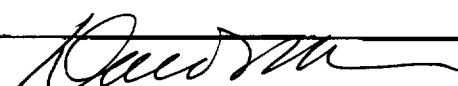
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------|---------------------|
| 1. (a) Name of corporate licensee<br><b>APT Kansas City, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                        |                     |
| (b) Number and street address<br><b>3650 131st Avenue, S.E., Suite 200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                        |                     |
| (c) City<br><b>Bellevue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) State<br><b>WA</b>       | (e) ZIP Code<br><b>98006</b>                           |                     |
| 2. Internet address:<br><b>www.voicestream.com</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | 3. Taxpayer Identification Number<br><b>36-4027570</b> |                     |
| 4. Call sign and radio service of each station<br><b>KA2XEM - 0030-EX-TC-2000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                        |                     |
| 5. (a) Fee Type Code<br><b>EAE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (b) Fee Multiple<br><b>1</b> | (c) Fee Due \$<br><b>50.00</b>                         | FOR FCC<br>USE ONLY |
| 6. Name(s) and Address(es) of Transferee<br><b>Deutsche Telekom AG, 1020 19th Street, N.W., Suite 850, Washington, DC 20036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                        |                     |
| 7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                        | YES<br><b>X</b> NO  |
| 8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.<br><b>See page 3 and Exhibit 1.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                        | YES NO<br><b>X</b>  |
| <b>9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                        |                     |
| (a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                        | YES NO              |
| (b) Will more than 1/5 of the capital stock be either owned of record or may it be 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? If "YES", see Instruction 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                        | YES NO              |
| (c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                        | YES NO              |
| (d) What is the name and address of the corporation in immediate control?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                        | YES NO              |
| (e) Under the laws of what State or Country is the controlling corporation organized?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                        | YES NO              |
| (f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be 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? If "YES", give details on Page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                        | YES NO              |
| (g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                        | YES NO              |
| (h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                        | YES NO              |
| <b>CERTIFICATION</b><br><ul style="list-style-type: none"><li>• Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li><li>• Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li><li>• Neither applicant nor any member thereof is a foreign government or representative thereof;</li><li>• Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li><li>• Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.</li></ul> |                              |                                                        |                     |
| <b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                        |                     |
| <b>SIGNATURE</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | <b>DATE</b> _____                                      |                     |
| Authorized Employee of Licensee Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                        |                     |
| <b>SIGNATURE</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | <b>DATE</b> _____                                      |                     |
| Transferee of Control (Check one)<br><input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                        |                     |

Approved by OMB  
3060-0053  
Expires 11/30/99  
See reverse for public  
burden estimate.

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

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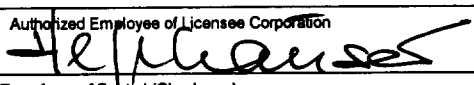
**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                        |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------|------------------------------------------------------------------------|
| 1.(a) Name of corporate licensee<br><b>APT Kansas City, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                        |                                                                        |
| (b) Number and street address<br><b>3650 131st Avenue, S.E., Suite 200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                        |                                                                        |
| (c) City<br><b>Bellevue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (d) State<br><b>WA</b>       | (e) ZIP Code<br><b>98006</b>                           |                                                                        |
| 2. Internet address:<br><b>www.voicestream.com</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | 3. Taxpayer Identification Number<br><b>36-4027570</b> |                                                                        |
| 4. Call sign and radio service of each station<br><b>KA2XEM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                        |                                                                        |
| 5.(a) Fee Type Code<br><b>EAE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b) Fee Multiple<br><b>1</b> | (c) Fee Due \$<br><b>45.00</b>                         | FOR FCC<br>USE ONLY                                                    |
| 6. Name(s) and Address(es) of Transferee<br><b>Deutsche Telekom AG, 1020 19th Street, N.W., Suite 850, Washington, DC 20036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                        |                                                                        |
| 7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of Incorporation, etc.? If "NO", give details on Page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                        | YES NO<br><input checked="" type="checkbox"/> <input type="checkbox"/> |
| 8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.<br><b>See page 3 and Exhibit 1.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                        | <input type="checkbox"/> <input checked="" type="checkbox"/>           |
| 9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS, SUBSEQUENT TO THE TRANSFER OF CONTROL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                        |                                                                        |
| (a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                        | YES NO<br><input type="checkbox"/> <input type="checkbox"/>            |
| (b) Will more than 1/5 of the capital stock be either owned of record or may it be 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? If "YES", see Instruction 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                        | <input type="checkbox"/> <input type="checkbox"/>                      |
| (c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                        | <input type="checkbox"/> <input type="checkbox"/>                      |
| (d) What is the name and address of the corporation in immediate control?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                        |                                                                        |
| (e) Under the laws of what State or Country is the controlling corporation organized?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                        |                                                                        |
| (f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be 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? If "YES", give details on Page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                        | YES NO<br><input type="checkbox"/> <input type="checkbox"/>            |
| (g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                        | <input type="checkbox"/> <input type="checkbox"/>                      |
| (h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                        | <input type="checkbox"/> <input type="checkbox"/>                      |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                        |                                                                        |
| <ul style="list-style-type: none"> <li>Applicant waives any claim to the use of any particular frequency regardless of prior use by licensee or otherwise;</li> <li>Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li> <li>Neither applicant nor any member thereof is a foreign government or representative thereof;</li> <li>Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li> <li>Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.</li> </ul> |                              |                                                        |                                                                        |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                        |                                                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | DATE <u>9/5/00</u>                                     |                                                                        |
| Authorized Employee of Licensee Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                                        |                                                                        |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | DATE _____                                             |                                                                        |
| Transferee of Control (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                        |                                                                        |
| <input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                        |                                                                        |

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

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**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                        |                     |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------|---------------------|----------|
| 1.(a) Name of corporate licensee<br><b>APT Kansas City, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                        |                     |          |
| (b) Number and street address<br><b>3650 131st Avenue, S.E., Suite 200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                        |                     |          |
| (c) City<br><b>Bellevue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (d) State<br><b>WA</b>       | (e) ZIP Code<br><b>98006</b>                           |                     |          |
| 2. Internet address:<br><b>www.voicestream.com</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | 3. Taxpayer Identification Number<br><b>36-4027570</b> |                     |          |
| 4. Call sign and radio service of each station<br><b>KA2XEM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                        |                     |          |
| 5.(a) Fee Type Code<br><b>EAE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) Fee Multiple<br><b>1</b> | (c) Fee Due \$<br><b>45.00</b>                         | FOR FCC<br>USE ONLY |          |
| 6. Name(s) and Address(es) of Transferee<br><b>Deutsche Telekom AG, 1020 19th Street, N.W., Suite 850, Washington, DC 20036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                        |                     |          |
| 7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                        | YES<br><b>X</b>     | NO       |
| 8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.<br><b>See page 3 and Exhibit 1.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                                        |                     | <b>X</b> |
| 9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                        |                     |          |
| (a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                        | YES                 | NO       |
| (b) Will more than 1/5 of the capital stock be either owned of record or may it be 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? If "YES", see Instruction 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                        |                     |          |
| (c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                        |                     |          |
| (d) What is the name and address of the corporation in immediate control?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                        |                     |          |
| (e) Under the laws of what State or Country is the controlling corporation organized?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                        |                     |          |
| (f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be 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? If "YES", give details on Page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                        | YES                 | NO       |
| (g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                        |                     |          |
| (h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                        |                     |          |
| <b>CERTIFICATION</b><br><ul style="list-style-type: none"><li>Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li><li>Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li><li>Neither applicant nor any member thereof is a foreign government or representative thereof;</li><li>Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li><li>Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.</li></ul> |                              |                                                        |                     |          |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                        |                     |          |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | DATE _____                                             |                     |          |
| SIGNATURE  _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | DATE <b>9/5/00</b>                                     |                     |          |
| Transferee of Control (Check one)<br><input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (Specify): <b>Senior Exec. VP, Govt Af.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                        |                     |          |

**DETAILS / ADDITIONAL INFORMATION:**

Please see attached Exhibit 1, "Application for Transfer of Control and Petition for Declaratory Ruling."

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION**

1. Name and mailing address of corporate licensee

APT Kansas City, Inc.  
1020 19th Street, N.W., Suite 850  
Washington, DC 20036

2. Call sign and radio service of each station

KA2XEM

**DO NOT WRITE IN THIS BLOCK****CONDITIONS OF GRANT**

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

**DATE AUTHORIZED:**

**FEDERAL  
COMMUNICATIONS  
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH  
CORPORATION'S RADIO STATION RECORDS**