

DATA NETWORK IDENTIFICATION CODE FILING
FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

02/05/2017

1. Applicant			
Name:	marie davis	Phone Number:	--
DBA Name:	Drake	Fax Number:	
Street:	280 commerce cir	E-Mail:	itsms546@gmail.com
City:	sacramento	State:	CA
Country:	USA	Zipcode:	95814 -
Attention:	Aubrey graham		

2. Contact

Name:	Aubrey Graham	Phone Number:	---
Company:		Fax Number:	
Street:	280 commerce cir	E-Mail:	itsms546@gmail.com
City:	sacramento	State:	CA
Country:	USA	Zipcode:	95814 -
Attention:		Relationship:	Same

3. Type Request

New Reassign

Note: Please submit any needed attachments for the given request type:

Attachment 1: Document
Attachment 2: Document
Attachment 3: Document

4. Reassign

Reason:
From Company:
To Company:
From Code: **To Code:**

5. Network Name KSFM

6. International Service FCC

7. Action Requested (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Distribution of funds for CBS broadcasting.

8. Code assignments held in excess of 18 months without implementation must be returned to this Administrator for reassignment. Unless this office is specifically notified of the actual implementation of assignments, it will be assumed that those implementations did not occur and such assignments will be available for reassignment. I have read and understand these conditions. Yes No

9. I am aware that all DNIC assignments are provisional and that nobody has a property right in a DNIC. I am aware that the Commission may take an assigned DNIC and reassign it to another person. Yes No

10. I certify that all necessary local, state, and federal authorizations needed have been obtained. Yes No

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(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION
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