

RECOGNIZED OPERATING AGENCY FILING
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APPLICANT INFORMATION

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

7174

1. Applicant			
Name:	marie davis	Phone Number:	6468200651
DBA Name:	Drake	Fax Number:	
Street:	280 commerce cir	E-Mail:	Itsms546@gmail.com
City:	sacramento	State:	CA
Country:	USA	Zipcode:	95814 -
Attention:	marie l davis		

2. Contact

Name:	Marie Davis	Phone Number:	6468200651
Company:	1984	Fax Number:	
Street:	280 commerce cir	E-Mail:	itsms546@gmail.com
City:	sacramento	State:	CA
Country:	USA	Zipcode:	95814 -
Attention:		Relationship:	

3. Other Company(ies) Involved in Application

Cbs

4. Destination Country USA

5. Place of Incorporation Ca

6. Is a fee submitted with this application?

If Yes, complete and attach FCC Form 159.

If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).

Governmental Entity Noncommercial educational licensee

Other(please explain): Grant

7. Attachment 1: Reference	Attachment 2: FCC	Attachment 3: Nra
8. Is the agency an Enhanced Service Provider?		<input checked="" type="radio"/> Yes <input type="radio"/> No
9. Is the agency a Common Carrier?		<input checked="" type="radio"/> Yes <input type="radio"/> No
10. If you answered "Yes" to questions 8 or 9, please check if required attachments are included in the filing.		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
11. Operator of radio frequency equipment capable of causing harmful interference internationally (Rule Part 63.701)?		<input type="radio"/> Yes <input checked="" type="radio"/> No
12. I am aware that my company is bound by all laws and obligations of the United States, including Article 6 of the Constitution of the International Telecommunications Union and all binding telecommunications regulations promulgated thereunder. My company will obey those obligations in all respects.		<input checked="" type="radio"/> Yes <input type="radio"/> No

FOREIGN AFFILIATION

13. Affiliation (a): A greater than 25 percent ownership of capital stock, or controlling interest at any level, by the applicant, or by any entity that directly or indirectly controls or is controlled by it, or that is under direct or indirect common control with it, in a foreign carrier or in any entity that directly or indirectly controls a foreign carrier.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
14. Affiliation (b): A greater than 25 percent ownership of capital stock, or controlling interest at any level, in the applicant by a foreign carrier, or any entity that directly or indirectly controls or is controlled by a foreign carrier, or that is under direct or indirect common control with a foreign carrier; or by two or more foreign carriers investing in the applicant in the same manner in circumstances where the foreign carriers are parties to, or the beneficiaries of a contractual relation.	<input checked="" type="radio"/> Yes	<input type="radio"/> No

BASIC QUALIFICATIONS

15. By checking Yes, the undersigned certifies, that neither 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 Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
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16. Description. (Summarize the nature of the application and the services to be provided).

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

Radio air play

CERTIFICATION

17. Typed Name of Person Signing

Marie davis

18. Title of Person Signing

Licensee

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 AUTHORIZATION
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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