



(REFERENCE COPY - Not for submission)  
AM Restoration of License Operation Notification

File Number: **0000238557** | Submit Date: **02/08/2024** | Lead Call Sign: **WFSI** | FRN: **0001545607**  
 Service: **Full Power AM** | Purpose: **Restoration of License Operation Notification** | Status: **Submitted** | Status Date:  
**02/08/2024** | Filing Status: **Active**

**General Information**

Section	Question	Response
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	No

**Applicant Information**

**Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
<b>FAMILY STATIONS, INC.</b> Doing Business As: FAMILY STATIONS, INC.	JENNIFER BURKHISER 301 MAPLE STREET, SUITE 2 (POB 286) SHENANDOAH, IA 51601 United States	+1 (712) 246-5151	JBURKHISER@FAMILYRADIO. ORG	Company

**Contact Representatives (2)**

Contact Name	Address	Phone	Email	Contact Type
<b>DAVID SHANTZ</b> <i>CHIEF OPERATOR AND DIRECTOR OF ENGINEERING</i> FAMILY STATIONS, INC.	DAVID SHANTZ 4057 RURAL PLAINS CIRCLE SUITE 300B FRANKLIN, TN 37064 United States	+1 (629) 462-7017	DSHANTZ@FAMILYRADIO. ORG	Technical Representative
<b>KATHLEEN VICTORY</b> <i>ESQ.</i> FLETCHER, HEALD, & HILDRETH, P.L.C.	KATHLEEN VICTORY, ESQ. 1300 NORTH 17TH STREET, SUITE 1100 ARLINGTON, VA 22209 United States	+1 (703) 812-0473	VICTORY@FHHLAW.COM	Legal Representative

**Station Status**

Section	Question	Response
<b>Station Status</b>	Date the station Restored License Operation:	02/06/2024

## Certification

Section	Question	Response
General Certification Statements	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 authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	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 . See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c). 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.	
Authorized Party to Sign	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</p> <p>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 AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</p>	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<p><b>THOMAS EVANS</b> <i>PRESIDENT</i></p> <p>02/08/2024</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">WFSI Baltimore, MD Resumption Notice_EXH_February 2024.pdf</a>	Applicant		WFSI BALTIMORE, MD RESUMPTION OF OPERATIONS EXHIBIT	Done with Virus Scan and /or Conversion