

# **Federal Communications Commission**

**FCC MB - CDBS Electronic Filing**  
**Account number: 713248**

**Description: W249DH RESUMPTION OF OPERATIONS**

**Successfully filed at Nov 16 2016 12:58PM**

**Based on the information supplied, no fee is required.**

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Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Resumption of Operations</b>		FOR COMMISSION USE ONLY FILE NO.
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant MID-WEST MANAGEMENT, INC.		
	Mailing Address 730 RAY O VAC DRIVE		
	City MADISON	State or Country (if foreign address) WI	Zip Code 53711 -
	Telephone Number (include area code) 6082731000		E-Mail Address (if available) RICK.MCCOY@MWFBG.COM
	Call Sign W249DH	Facility ID Number 145228	
2.	Contact Representative (if other than licensee/permittee) DAVID OXENFORD		Firm or Company Name WILKINSON BARKER KNAUER, LLP
	Mailing Address 1800 M STREET, N.W. SUITE 800N		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 -
	Telephone Number (include area code) 2027834141		E-Mail Address (if available) DOXENFORD@WBKLAW.COM
3.	Purpose:		
	<input type="radio"/> Notification of Suspension of Operations		
	<input type="radio"/> Notification of Suspension of Operations and Request for Silent STA		
	<input type="radio"/> Request for Silent STA		
	<input type="radio"/> Request to Extend STA		
	<input checked="" type="radio"/> Resumption of Operations		
4.	Community of License: City: MADISON State: WI		
5.	Date station went silent: 3/3/2016		
6.	Date station commenced operation: 10/24/2016 (mm/dd/yyyy)		
7.	Please explain under which parameters the facility commenced operations (i.e. license, technical sta, construction permit)		[Exhibit 3]

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing TOM WALKER	Typed or Printed Title of Person Signing PRESIDENT
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Signature	Date (mm/dd/yyyy) 11/16/2016
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WILLFUL FALSE STATEMENTS 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).

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## Exhibits

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### Exhibit 3

**Description:** OPERATING FACILITIES

W249DH RESUMED OPERATION WITH THE FACILITIES AUTHORIZED BY BLFT-20161027ABQ.

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### Attachment 3

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