



**UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554**

(FOR CHIEF, AUDIO DIVISION, MEDIA BUREAU)

DATE: 07/22/2014

<input checked="" type="checkbox"/> CONSENT TO ASSIGNMENT: <input type="checkbox"/> CONSENT TO TRANSFER:	FROM: MAX T. NICHOLS
	TO: RIVERBEND COMMUNICATIONS, LLC
Licensee/Permittee: (for transfer only)	

CLASS	CALL SIGN	FACILITY ID	FILE#	STATION LOCATION	AUXILIARY STATIONS
FX	K224EL	141125	BAPFT-20140604AAU	POCATELLO, ID	ALL CURRENTLY AUTHORIZED AUXILIARY STATIONS
FX	K231BY	146561	BALFT-20140604AAV	LAVA HOT SPRINGS, ID	
FX	K265EW	146523	BAPFT-20140604AAW	POCATELLO, ID	
FX	K290CA	155899	BAPFT-20140604AAX	WEST YELLOWSTONE, MT	

The construction permits for K265EW (Fac. Id. 146523) and K290CA (Fac. Id. 155899) expire on January 16, 2017 and October 22, 2016, respectively. Commission rules which became effective on February 16, 1999, have a bearing on these construction permits. See Streamlining of Mass Media Applications, Report and Order, MM Docket No. 98-43, 13 FCC Rcd 23056 (1999). Pursuant to these rules, consummation of the assignment consented to herein will not extend the expiration dates of the permits. The construction permits will be subject to automatic forfeiture unless construction is complete and applications for license to cover are filed prior to expiration.

The FM Translator Licensee must notify the Federal Communications Commission, Office of the Secretary, 445 12th Street, S.W., Washington, DC 20554 of any change in the station that will be rebroadcast. The parties should also notify Robert Gates via email at Robert.Gates@fcc.gov. See 47 C.F.R. §74.1284.

Under authority of the Communications Act of 1934, as amended, the consent of the Federal Communications Commission is hereby granted to the transaction indicated above.

The Commission's consent to the above is based on the representations made by the applicants that the statements contained in, or made in connection with, the application are true and that the undertakings of the parties upon which this transaction is authorized will be carried out in good faith.

The actual consummation of voluntary transactions shall be completed within 90 days from the date hereof, and notice in letter form thereof shall promptly be furnished to the Commission by the seller or buyer showing the date the acts necessary to effect the transaction were completed. Upon furnishing the Commission with such written notice, this transaction will be considered completed for all purposes related to the above described station(s).

FCC Form 323, Ownership Report, must be filed within 30 days after consummation, by the licensee/permittee or assignee.

ADDITIONAL REQUIREMENTS FOR ASSIGNMENTS ONLY:

Upon consummation the assignor must deliver the permit/license, including any modifications thereof to the assignee.

It is hereby directed that, upon consummation, a copy of this consent be posted with the station authorization(s) as required by the Commission's Rules and Regulations.

The assignee is not authorized to construct nor operate said station(s) unless and until notification of consummation in letter form has been forwarded to the Commission.

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0075 (September 2009)	FOR FCC USE ONLY
FCC 345		
APPLICATION FOR TRANSFER OF CONTROL OF A CORPORATE LICENSEE OR PERMITTEE, OR FOR ASSIGNMENT OF LICENSE OR PERMIT OF TV OR FM TRANSLATOR STATION OR LOW POWER TELEVISION STATION		FOR COMMISSION USE ONLY FILE NO. BAPFT - 20140604AAU
Read INSTRUCTIONS Before Filling Out Form		

Section I - General Information

1.	Legal Name of the Licensee/Permittee MAX T. NICHOLS	
	Mailing Address P.O. BOX 342 104 HIGHWAY 34	
	City GRACE	State or Country (if foreign address) ID
		ZIP Code 83241 -
	Telephone Number (include area code) 2084270041	E-Mail Address (if available)
	FCC Registration Number: 0008623126	Call Sign K224EL
		Facility Identifier 141125
2.	Contact Representative (if other than Licensee/Permittee) MORGAN SKINNER	Firm or Company Name ROCKWELL MEDIA SERVICES, LLC
	Mailing Address P. O. BOX 1194 158 WEST 1600 SOUTH, SUITE 200	
	City ST. GEORGE	State or Country (if foreign address) UT
		ZIP Code 84771 - 1194
	Telephone Number (include area code) 4356281000	E-Mail Address (if available) MORGAN@ROCKWELLMEDIA.NET
3.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee/Permittee <input checked="" type="radio"/> Other AMENDMENT <input type="radio"/> N/A (Fee Required)	
4.	Were any of the authorizations that are the subject of this application obtained through the Commission's competitive bidding procedures (see 47 C.F.R. Sections 1.2111(a) and 73.5001)?	
		<input type="radio"/> Yes <input checked="" type="radio"/> No
	[Exhibit 1]	
	If Yes, list pertinent authorizations in an Exhibit.	

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

Section II - Assignor/Transferor

1.	Certification. Licensee/permittee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee further certifies that where it has made an affirmative certification below, this certification constitutes its representation	<input checked="" type="radio"/> Yes <input type="radio"/> No
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that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.

2. Application for (check only one box for A and B):
- A. Consent to Assignment of Construction Permit Consent to Transfer Control of Permittee
 Consent to Assignment of License Consent to Transfer Control of Licensee
 Amendment to pending application
 If an amendment, submit as an Exhibit a listing by Section and [Exhibit 2]
 Question Number of the portions of the pending application that are being revised.
- B. TV Translator Low Power TV Station FM Translator Digital Low Power TV Digital TV Translator

3. Legal Name of the Assignor/Transferor
 MAX T. NICHOLS

Mailing Address
 P. O. BOX 342
 104 HIGHWAY 34

City GRACE	State or Country (if foreign address) ID	Zip Code 83241 -
Telephone Number (include area code) 2084270041	E-Mail Address (if available)	

If more than one transferor, submit the information requested in question 1 for each transferor. [Exhibit 3]

4. Contact Representative (if other than assignee) Firm or Company Name
 MORGAN SKINNER ROCKWELL MEDIA SERVICES, LLC

Mailing Address
 P.O. BOX 1194
 158 WESY 1600 SOUTH, SUITE 200

City ST. GEORGE	State or Country (if foreign address) UT	Zip Code 84771 - 1194
Telephone Number (include area code) 4356281000	E-Mail Address (if available) MORGAN@ROCKWELLMEDIA.NET	

5. **Authorizations to be Assigned/Transferred.** List call signs, locations and facility identifiers of all authorizations to be assigned/transferred. Include construction permits and file numbers. List main station authorizations and any FM and/or TV translator stations, LPTV stations, SCA, FM and/or TV booster stations, and associated auxiliary service stations.

[Enter Station Information]

List the authorized stations and construction permits to be assigned/transferred. Provide the Facility Identification Number and the Call Sign, or the Facility Identification Number and the File Number of the Construction Permit, and the location, for each station to be assigned/transferred. Include main stations, FM and/or TV translator stations, LPTV stations, FM and/or TV booster stations.

Facility ID Number	Call Sign	or Construction Permit File Number	City	State
141125	K224EL	-	POCATELLO	ID

Facility ID Number	Call Sign	or Construction Permit File Number	City	State
146561	K231BY	-	LAVA HOT SPRINGS	ID

Facility ID Number	Call Sign	or Construction Permit File Number	City	State
146523	K265EW	-	POCATELLO	ID
Facility ID Number	Call Sign	or Construction Permit File Number	City	State
155899	K290CA	-	WEST YELLOWSTONE	MT

6.	Agreements for Sale/Transfer of Station. Licensee/permittee certifies that: a. it has placed in its station records and submitted to the Commission as an Exhibit to this application copies of all agreements for the sale/transfer of the station(s); b. these documents embody the complete and final understanding between licensee/permittee and assignee/transferee; and c. these agreements comply fully with the Commission's rules and policies.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]
7.	Character Issues. Licensee/permittee certifies that neither licensee/permittee nor any party to the application has or has had any interest in or connection with: a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the a application; or b. any pending broadcast application in which character issues have been raised.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]
8.	Adverse Findings. Licensee/permittee certifies that, with respect to the licensee/permittee and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another government unit; or discrimination.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]
9.	Local Public Notice. Licensee/permittee certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580.	<input checked="" type="radio"/> Yes <input type="radio"/> No
10.	Auction Authorization. Licensee/permittee certifies that more than five years have passed since the issuance of the construction permit for the station being assigned/transferred, where that permit was acquired in an auction through the use of a bidding credit or other special measure.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 7]
11.	Anti-Drug Abuse Act Certification. Licensee/permittee certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No
12.	Anti-Discrimination Certification. Licensee/permittee certifies that neither licensee/permittee nor any party to the application have violated the Commission's prohibition against discrimination on the basis of race, color, religion, national origin or sex in the sale of commercially operated FM translator, TV translator, or low power television stations.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 8]

I 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 MAX T. NICHOLS	Typed or Printed Title of Person Signing AN INDIVIDUAL
Signature	Date 06/30/2014

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

Section III - Assignee/Transferee

1.	<p>Certification. Assignee/transferee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Assignee/transferee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.</p>												
2.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Legal Name of the Assignee/Transferee RIVERBEND COMMUNICATIONS, LLC</td> </tr> <tr> <td colspan="3">Mailing Address 400 WEST SUNNYSIDE ROAD</td> </tr> <tr> <td style="width: 25%;">City IDAHO FALLS</td> <td style="width: 50%;">State or Country (if foreign address) ID</td> <td style="width: 25%;">Zip Code 83402 -</td> </tr> <tr> <td colspan="2">Telephone Number (include area code) 2085358305</td> <td>E-Mail Address (if available)</td> </tr> </table> <p>If more than one transferee, submit the information requested in question 1 for each transferor. [Exhibit 9]</p>	Legal Name of the Assignee/Transferee RIVERBEND COMMUNICATIONS, LLC			Mailing Address 400 WEST SUNNYSIDE ROAD			City IDAHO FALLS	State or Country (if foreign address) ID	Zip Code 83402 -	Telephone Number (include area code) 2085358305		E-Mail Address (if available)
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Mailing Address 400 WEST SUNNYSIDE ROAD													
City IDAHO FALLS	State or Country (if foreign address) ID	Zip Code 83402 -											
Telephone Number (include area code) 2085358305		E-Mail Address (if available)											
3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">Contact Representative (if other than assignee) STEVE POULSEN</td> <td style="width: 45%;">Firm or Company Name RIVERBEND COMMUNICATIONS, LLC</td> </tr> <tr> <td colspan="2">Mailing Address 400 WEST SUNNYSIDE ROAD</td> </tr> <tr> <td style="width: 25%;">City IDAHO FALLS</td> <td style="width: 50%;">State or Country (if foreign address) ID</td> <td style="width: 25%;">Zip Code 83402 -</td> </tr> <tr> <td colspan="2">Telephone Number (include area code) 2085358305</td> <td>E-Mail Address (if available) STEVE@EIRADIO.COM</td> </tr> </table>	Contact Representative (if other than assignee) STEVE POULSEN	Firm or Company Name RIVERBEND COMMUNICATIONS, LLC	Mailing Address 400 WEST SUNNYSIDE ROAD		City IDAHO FALLS	State or Country (if foreign address) ID	Zip Code 83402 -	Telephone Number (include area code) 2085358305		E-Mail Address (if available) STEVE@EIRADIO.COM		
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City IDAHO FALLS	State or Country (if foreign address) ID	Zip Code 83402 -											
Telephone Number (include area code) 2085358305		E-Mail Address (if available) STEVE@EIRADIO.COM											
4.	<p>Nature of Applicant. Assignee/transferee is:</p> <p> <input type="radio"/> an individual <input type="radio"/> a general partnership <input type="radio"/> a for-profit corporation <input type="radio"/> a limited partnership <input type="radio"/> a not-for-profit corporation <input checked="" type="radio"/> a limited liability company (LLC/LC) <input type="radio"/> other </p> <p>a. If "other", describe nature of applicant in an Exhibit. [Exhibit 10]</p>												
5.	<p>Agreements for Sale/Transfer of Station. Assignee/Transferee certifies that: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>a. the written agreements in the licensee/permittee's station records embody the complete and final agreement for the sale of the station(s) which are to be assigned; and these See Explanation in [Exhibit 11]</p> <p>b. agreements comply fully with the Commission's rules and policies.</p>												
6.	<p>Character Issues. Assignee/Transferee certifies that neither assignee/transferee nor any party <input checked="" type="radio"/> Yes <input type="radio"/> No</p>												

	<p>to the application has or has had any interest in or connection with:</p> <p>a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the a application; or</p> <p>b. any pending broadcast application in which character issues have been raised.</p>	<p>See Explanation in [Exhibit 12]</p>								
7.	<p>Adverse Findings. Assignee/Transferee certifies that, with respect to the assignee/transferee and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another government unit; or discrimination.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 13]</p>								
8.	<p>Alien Ownership and Control. Assignee/Transferee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 14]</p>								
9.	<p>Financial Qualifications. Assignee/Transferee certifies that sufficient net liquid assets are on hand or are available from committed sources to consummate the transaction and operate the station(s) for three months.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 15]</p>								
10.	<p>Rebroadcast Certification. For applicants proposing translator rebroadcasts who are not the licensee of the primary station, the applicant certifies that written authority has been obtained from the licensee of the station whose programs are to be retransmitted</p> <p>Primary station proposed to be rebroadcast:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Facility ID Number</td> <td style="width:25%;">Call Sign</td> <td style="width:25%;">City</td> <td style="width:25%;">State</td> </tr> <tr> <td>71780</td> <td>KBLI</td> <td>BLACKFOOT</td> <td>ID</td> </tr> </table>	Facility ID Number	Call Sign	City	State	71780	KBLI	BLACKFOOT	ID	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p>
Facility ID Number	Call Sign	City	State							
71780	KBLI	BLACKFOOT	ID							
11.	<p>a. Applicant certifies that it is not the licensee or permittee of the commercial primary station being rebroadcast and that neither it nor any parties to the application have any interest in or connection with the commercial primary station being rebroadcast. See 47 C.F.R. Section 74.1232(d).</p> <p>b. Applicant certifies that the FM translator's (a) coverage contour does not extend beyond the protected contour of the commercial FM primary station to be rebroadcast, or (b) entire 60 dBu contour is contained within the lesser of: (i) the 2 mV/m daytime contour of the AM primary station to be rebroadcast, or (ii) a 25-mile radius centered at the AM primary station's transmitter site.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>See Explanation in [Exhibit 16]</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> N/A</p> <p>See Explanation in [Exhibit 17]</p>								
<p>NOTE: If No to a. and b., and no waiver has been requested in an Exhibit, this application is unacceptable for filing. See 47 C.F.R. Section 74.1231(d).</p> <p>If No to a. and Yes to b. applicant is prohibited from receiving any support, before or after construction, either directly or indirectly from the commercial primary station being rebroadcast or from any person or entity having any interest whatsoever, or any connection with the primary FM station. Interested and connected parties include group owners, corporate parents, shareholders, officers, directors, employees, general and limited partners, family members and business associates. See 47 C.F.R. Section 74.1232(e).</p>										
12.	<p>Applicant certifies that it is in compliance with 47 C.F.R. Section 74.1232(e), which prohibits a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being rebroadcast, from receiving support (except for specified technical assistance), before, during, or after construction, directly or indirectly, from the primary station, or any person or entity having any interest in, or connection with, the primary station.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> N/A</p> <p>See Explanation in [Exhibit 18]</p>								
13.	<p>Auction Authorization. Assignee/Transferee certifies that where less than five years have</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>								

passed since the issuance of the construction permit and the permit had been acquired in an auction through the use of a bidding credit or other special measure, it would qualify for such credit or other special measure.

N/A

See Explanation in
[Exhibit 19]

14. **Anti-Drug Abuse Act Certification.** Assignee/Transferee certifies that neither assignee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.

Yes No

15. **Equal Employment Opportunity (EEO).** If the applicant proposes to employ five or more full-time employees, applicant certifies that it is filing simultaneously with this application a Model EEO Program Report on FCC Form 396-A.

Yes No
 N/A

I 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. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing
STEVE POULSEN

Typed or Printed Title of Person Signing
GENERAL MANAGER

Signature

Date
06/30/2014

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).

Exhibits

Exhibit 2

Description: LOCAL PUBLIC NOTICE

THE APPLICANT CERTIFIES THAT HE HAS COMPLIED WITH THE LOCAL PUBLIC NOTICE REQUIREMENTS OF 47 C.F.R. SECTION 73.3580.

Attachment 2

Description

Local Public Notice

Exhibit 4

Description: ASSET PURCHASE AGREEMENT

ASSET PURCHASE AGREEMENT

Attachment 4

Description

Asset Purchase Agreement

Exhibit 10

Description: STATE OF IDAHO - CERTIFICATE OF EXISTENCE

STATE OF IDAHO - CERTIFICATE OF EXISTENCE

Attachment 10

Description
State of Idaho - Certificate of Existence

State of Idaho - Certificate of Existence

Exhibit 11

Description: ASSET PURCHASE AGREEMENT

PLEASE REFER TO EXHIBIT #4

Attachment 11

Exhibit 17

Description: REBROADCAST CERTIFICATION

REBROADCAST CERTIFICATION WITH AM STATION CONTOUR MAPS

Attachment 17

Description
Rebroadcast Certification with AM Station contour maps

Rebroadcast Certification with AM Station contour maps
