This set of screenshots tracks the Pro Forma Transfer of CP or License Application flow in LMS.

General Information	
* indicates required field 🖉 Attachments 🧕	Draft Copy
Application Description	
Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	
Attachments	
* Are attachments (other than associated schedules) being filed with this application?	
⊖Yes ⊖No «Clear	
Cancel Save & C	Continue »

Transfers Fees, Waivers, and Exemptions		
⁻ indicates required field	🖉 Attachments	Draft Copy
Fees		
* Is the applicant exempt from FCC application Fees?		
⊖ Yes ⊖ No « Clear		
Waivers		
* Does this filing request a waiver of the Commission's rule(s)?		
○ Yes ○ No « Clear		
« Back	Save	e & Continue »

Transfers		
Transfer Type		
* indicates required field	Attachments	Draft Copy
Transfer Type		
* Is this application a pro forma Transfer of Control? Yes		
* By answering "Yes" the Applicant certifies that the use of short form pro forma application is appropriate for		
this transaction?		
● Yes O No «Clear		
* Is the Transfer of Control:		
○ Voluntary Transfer		
« Clear All Above		
« Back	Save	e & Continue »

ithorizatio	ons to be Tr	ansferred						
icates required field							🖉 Attachments 🛛 🧧	Draft Co
		ion permits to be assigned/ he location, for each statio						
		auxiliary service stations.		sterred. Include main.	stations, certificata			ons, seri,
u see facility id on t	this list that cannot	be selected, <u>please review</u>	<u>/ the list of Facility ID</u>)'s associated with on	e or more FRN's.			
elect Call Signs						Selected Call S	igns	
All Call Sign	Facility ID	File Number	Service	City, State	Î	Call Sign	Actions	
2								
_								
					-			

Transfers Transfer Questions	
* indicates required field	🖉 Attachments 🛛 Draft Copy
 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 73.5000)? 	
○ Yes ○ No « Clear	
« Back	Save & Continue >

Transfers			
Licensee/Pern	nittee Information		
* indicates required field		Attachments	Draft Copy
Licensee/Permittee N	ime and Type		
* FRN:			
* Licensee/Permittee			
Type:	Corporation V		
* Company Name:			
Doing Business As:			
boing basiness a.			
Licensee/Permittee Co	ntact Information		
Attention To:			
*Country:	United States v		
PO Box:	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
A 44			
Address Line 2:			
* City:			
*State:	North Carolina v		
	1 Tari ki Suki sitin		
* Zip Code:			
* Phone:			
* Phone:			
X Required Question - Ple	ase Respond.		
*Email:			
« Back		Save & Co	ofique a
- Dack		Javeo Co	include a

indicates required field					Attachments	Draft Copy
indicates required pela					///_Attachments	Copies Copies
Contact Type						
* Please select the con						
O Legal Representa						
O Technical Repres O Other	entative					
Contact Name						
* First Name:						
Middle Name:						
	*Last Name:	· · · ·	1	-		
	Suffix:					
	Title:					
	*Company Name:					
ontact Information						
Contact Information						
Attention To:					 	
Attention To: ⁺ Country:	United States					
Attention To:		• Jor Address Line 1 is require	ed.			
Attention To: * Country: PO Box:			ed.			
* Country:			ed.		 	
Attention To: * Country: PO Box: * Address Line 1: Address Line 2:			ed.			
Attention To: * Country: PO Box: * Address Line 1:			ed.			
Attention To: * Country: PO Box: * Address Line 1: Address Line 2: * City:			ed.			
Attention To: * Country: PO Box: * Address Line 1: Address Line 2: * City: * State:	Either PO Box o	or Address Line 1 is require	εd.			
Attention To: Country: PO Box: Address Line 1: Address Line 2: City: State: Zip Code:	Either PO Box o	or Address Line 1 is require	ed.			
Attention To: * Country: PO Box: * Address Line 1: Address Line 2:	Either PO Box o	or Address Line 1 is require	zd.			

Transfers				
Transferor Inform	ation			
* indicates required field				Attachments 🔹 Draft Copy
Transferor Name and Type				
	TFRN:		Pre-fill Transferor Details	
	* Applicant Type:	Select 🗸		
	Company Name:			
	Doing Business As:			
	Transferor Information			
	Attention To:			
	Country:	United States 👻		
	PO Box:	Either PO Box or Address Line 1 is required		
	* Address Line 1:			
	Address Line 2:			
	*City:			
	State:	Select		
	"Zip Code:			
	"Phone:			
	"Email:			
Save & Continue >	* Back			

Transfers Add Transfer	or Contact Rep	resentative				
* indicates required field					Attachments	U Draft Copy
Contact Type						
* Please select the cont O Legal Representat						
O Technical Represe O Other	ntative					
Contact Name						
* First Name:						
Middle Name:						
* Last Name:						
Suffix:						
Title:						
*Company Name:						
Contact Information						
Attention To: * Country:	United States	*				
Country.	United States	•	PO Box:	Either PO Box or Address Line 1 is required.		
			* Address Line 1:			
			Address Line 2:			
			*City:			
			*State:	Select *		
			* Zip Code: •			
			*Phone:			
			*Email: ''			
	Save & Add Another »	Save & Continue >	« Back			

"Voluntary" Transfer of Control Authorization selection

Transfers		
Transferor Legal Certifications		
* indicates required field	Ø Attachments	Draft Copy
Agreements for Sale/Transfer of Station		
* Transferor certifies that:		
 (i) it has placed in Transferor's public inspection file(s) and submitted to the Commission as an Exhibit to this application copies of all agreements for the assignment/transfer of the station(s); 		
(ii) these documents embody the complete and final understanding between Transferor and Transferee; and		
(iii) these agreements comply fully with the Commission's rules and policies		
○Yes ○No ○N/A «Clear		
Character Issues Transferor certifies that neither Transferor 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 any party to the application or (b) any pending broadcast application in which character issues have been raised Yes No « Clear Adverse Findings Transferor certifies that, with respect to the Transferor and each 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; may felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit, or discrimination.		
⊖Yes ⊖No «Clear		
Auction Authorization [−] Transferor certifies that more than five years have passed since the issuance of the construction permit for the station being assigned, where that permit was acquired in an auction through the use of a bidding credit or other special measure. ○ Yes ○ No ○ N/A ≪ Clear		
« Back	Save	& Continue »

"Involuntary" Transfer of Control Authorization selection

Transfers		
Transferor Legal Certifications		
* indicates required field	Attachments	Draft Copy
	0	,
Agreements for Sale/Transfer of Station		
If the transaction is involuntary, the Transferor certifies that court orders or other authorizing documents have been issued and that it has placed in the licensed s/permittee's public inspection file(s) and submitted to the Commission copies of such court orders or other authorizing documents.		
⊖ Yes ⊖ No …Clear		
Character Issues		
* Transferor certifies that neither Transferor 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 any party to the application or		
(b) any pending broadcast application in which character issues have been raised		
⊖Yes ⊖No «Clear		
Adverse Findings		
* Transferor certifies that, with respect to the Transferor and each 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 governmental unit; or discrimination.		
⊖ Yes ⊖ No «Clear		
Auction Authorization		
* Transferor certifies that more than five years have passed since the issuance of the construction permit for the station being assigned, where that permit was acquired in an auction through the use of a bidding credit or other special measure.		
⊖Yes ⊖No ⊖N/A «Clear		
* Back	Sav	e & Continue »

Transfers Transferee Info	rmation		
IT ansieree mit	I HIALION		
* indicates required field		Attachments	Draft Copy
Transferee Name and Ty	ype		
* FRN:	Pre-fill Transferee Details		
* Applicant Type:	Select V		
* Company Name:			
Doing Business As:			
Transferee Information			
Attention To:			
*Country:	United States *		
PO Box:	Either PO Box or Address Line 1 is required.		
* Address Line 1:			
Address Line 2:			
*City:			
*State:	Select *		
* Zip Code:			
* Phone:			
	* Etypill		
	Saves& Continue > eBack		

Transfers		
Add Iransfere	ee Contact Representative	
* indicates required field	Ø Attachn	nents 🚨 Draft Copy
Contact Type		
* Please select the cont	act type:	
 Legal Representation Technical Representation 		
O Other	nauve	
Contact Name		
* First Name:		
Middle Name:		
+ Last Name:		
Suffix:		
Title:		
* Company Name:		
Contact Information		
Attention To:		
* Country:	United States *	
PO Box:	Either PO Box or Address Line 1 is required.	
* Address Line 1:		
Address Line 2:		
* City:		
*State:	Select *	
* Zip Code:		
* Phone:		
*Email:		
« Back	Save & Add Another > S	Save & Continue >

Transfers	
Add Changes in Int	terest as a Result of Transfer
* indicates required field	🖉 Attachments 🚨 Draft Copy
	View Change in Interest Parties to the Application »
O Please provide the following	information for each party to the application holding an attributable interest.
If a corporation or partnership h	olds an attributable interest in the applicant, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members.
Name of Party to Application	Holding an Attributable Interest
* Citizenship:	United States *
* First Name:	
Middle Name:	
* Last Name:	
Suffix:	
Title:	
* Company Name:	
Party Contact Information	
*Country:	United States *
PO Box:	Either PO Box or Address Line 1 is required.
* Address Line 1:	
Address Line 2:	
*City:	
*State:	Select *
* Zip Code:	
*Phone:	
*Email:	
Interest Held Before Transfer	
* Percentage of Votes:	0 %
* Percentage of Total Assets:	
(equity plus debt)	0 %
Internet Light After Trees	
Interest Held After Transfer	
* Percentage of Votes:	36
* Percentage of Total Assets: (equity plus debt)	3
« Back	Save & Add Another > Save & Continue >

Transfers Changes in Interest Certification		
* indicates required field	🖉 Attachments	Draft Copy
 Applicant certifies that equity and financial interests not set forth by the transferee are nonattributable. Yes O No O N/A « Clear 		
« Back	Save	e & Continue »

Transfers
Transferee Legal Certifications
* indicates required field
Agreements for Sale/Transfer of Station
* Transferee certifies that:
(a) the written agreements in the Transferee's public inspection file and submitted to the Commission embody the complete and final agreement for the sale or transfer of the station(s); and
(b) these agreements comply fully with the Commission's rules and policies.
○Yes ○No «Clear
Other Authorizations
* Please upload an attachment detailing the call signs, locations, and facility identifiers of all other broadcast stations in which transferee or any party to
the application has an attributable interest. O N/A « Clear
A Please upload the required information which includes an Exhibit justification.
Acquisition of Control
* Please upload an attachment listing the file number and date of grant of FCC Form 301, 314, or 315 application by which the Commission approved the qualifications of the individual or entity with a pre-existing interest in the licensee/permittee that is now acquiring control of the licensee/permittee as a result of the grant of this application.
O N/A «Clear
A Please <u>upload</u> the required information which includes an Exhibit justification.
Character Issues
* Transferee certifies that neither transferee 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 any party to the application; or
(b) any pending broadcast application in which character issues have been raised.
#doarserFindings
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follbechgrappfelon typnassistesfavelikesfandlorab on uhlfar competitions, fra atbilants tonenehis to anbitmengovernimental a mitjen efficitiering fon. © Mes—© No—•• Clear
Auction Authorization
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audobriensugnitre use of allo ding or edition of the special measure, reviculo quality for such chedition of the special measure. © Yest (☉ Not (☉ N/A) (∞ Clear)
Save & Continue > Sak

Transfers		
Transferee Alien Ownership		
indicates required field	🖉 Attachments	Draft Copy
*1) Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act? O Yes O No « Clear		
* 2) Is the applicant an alien or the representative of an alien? (Section 310(b)(1)) O Yes O No « Clear		
* 3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section 310(b)(2)) O Yes O No « Clear		
 *4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section 310(b)(3)) > Yes > No < 		
*5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4)) O Yes O No « Clear		
* 6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act? O Yes O No « Clear		
 7) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act? Yes No Clear 		
• Back	Save	e & Continue »

Transfers Application Summary		
	🖉 Attachments	📕 Draft Copy
Please review your application before submitting.		

You have provided information in all the categories listed under the Application Sections. Use the links under the Application Sections to go back and review your application. Make any corrections as necessary. Once you are confident that the application is ready for certification and submission, click on the "Continue to Certify" button below.

Approved by OMB 3060-0009 Estimated Time per Response – 1.5-4.5 hours

FORM 2100, SCHEDULE 316 - APPrhh56.5(nM0.5(32)-76.7()-76.7(210.083 T.5(32)-76.7()-76.7(210.083 T.5(32)-76.7()-76.7(210.083 T.5(32)-76.7()-

Transfers

Transferor Certify and Signature

* indicates required fiel	d 🖉 Attachments 🚨 Draft Copy			
General Certificat				
an affirmative certific	Transferor certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Transferor 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.			
U.S.C. § 862, because	es that neither the Transferor 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 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 .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).			
	es 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 ct, and made in good faith.			
Authorized Party	to Sign			
FAILURE TO SIGN TH	IIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID			
	plication, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result ion of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested			
	TEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION ITHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			
l declare, under penal	ty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.			
* indicates required fiel	d			
Date:	10/08/2020			
* First Name:				
Middle Name:				
* Last Name:				
Suffix:				
* Title:				
* Attachments:	□ I certify that this application includes all required and relevant attachments.			
	Submit Application			