

Federal Communications Commission

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Account number: 431780

Description: KUMV NOTICE OF TERMINATION OF ANALOG BY 2-17

Successfully filed at Feb 6 2009 4:53PM

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
Notification of Termination of Analog Service by February 17, 2009 Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

1.	Legal Name of the Applicant HOAK MEDIA OF DAKOTA LICENSE, LLC	
Mailing Address 500 CRESCENT COURT SUITE 220		
City DALLAS		State or Country (if foreign address) TX
Telephone Number (include area code) 9729604896		Zip Code 75201 -
Call Sign KUMV-TV		Facility ID Number 41429
2.	Contact Representative (if other than licensee/permittee) TOM W. DAVIDSON, ESQ.	Firm or Company Name AKIN GUMP STRAUSS HAUER & FELD LLP
Mailing Address 1333 NEW HAMPSHIRE AVE., N.W.		
City WASHINGTON		State or Country (if foreign address) DC
Telephone Number (include area code) 2028874011		E-Mail Address (if available) TDAVIDSON@AKINGUMP.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 type="radio"/> Resumption of Operations <input checked="" type="radio"/> Notification of Termination of Analog Service by February 17, 2009	
4.	Community of License: City: WILLISTON State: ND	
5.	Will you provide nightlight programming for a minimum of two weeks following analog termination?	<input type="radio"/> Yes <input checked="" type="radio"/> No
6.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant 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

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 ERIC VAN DEN BRANDEN	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 2/6/2009

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
