

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0009 (June 2002)	FOR FCC USE ONLY
FCC 316		
APPLICATION FOR CONSENT TO ASSIGN BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE OR TO TRANSFER CONTROL OF ENTITY HOLDING BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE		FOR COMMISSION USE ONLY FILE NO. -
Read INSTRUCTIONS Before Filling Out Form		

Section I - General Information

1.	Legal Name of the Licensee/Permittee JAMES R KAMPSCHROER			
	Mailing Address 2976 BURTON DR.			
	<table border="1"> <tr> <td>City CAMBRIA</td> <td>State or Country (if foreign address) CA</td> <td>Zip Code 93428 -</td> </tr> </table>	City CAMBRIA	State or Country (if foreign address) CA	Zip Code 93428 -
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	<table border="1"> <tr> <td>Telephone Number (include area code) 8059277079</td> <td>E-Mail Address (if available) RADIO2@CHARTER.NET</td> </tr> </table>	Telephone Number (include area code) 8059277079	E-Mail Address (if available) RADIO2@CHARTER.NET	
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	<table border="1"> <tr> <td>FCC Registration Number: 0001910694</td> <td>Call Sign KTEA</td> <td>Facility ID Number 77773</td> </tr> </table>	FCC Registration Number: 0001910694	Call Sign KTEA	Facility ID Number 77773
FCC Registration Number: 0001910694	Call Sign KTEA	Facility ID Number 77773		
2.	Contact Representative (if other than licensee/permittee) JAMES R KAMPSCHROER			
	Firm or Company Name			
	Mailing Address 2976 BURTON DR.			
	<table border="1"> <tr> <td>City CAMBRIA</td> <td>State or Country (if foreign address) CA</td> <td>ZIP Code 93428 -</td> </tr> </table>	City CAMBRIA	State or Country (if foreign address) CA	ZIP Code 93428 -
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3.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input checked="" type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial Educational Licensee/Permittee <input type="checkbox"/> Other <input type="text"/>			
4.	<p>a. <input checked="" type="checkbox"/> Voluntary Assignment or Transfer of Control <input type="checkbox"/> Involuntary Assignment or Transfer of Control of Control</p> <p><input type="checkbox"/> Amendment to pending application File number of pending application: -</p> <p>If an amendment, submit as an Exhibit a listing, by Section and Question Number, of the portions of the pending application that are being revised.</p>			

b. Applicant certifies that the use of FCC Form 316 is appropriate for this transaction.



Yes



No

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. Assignor/Transferor certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Assignor/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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. Application for (check one):	<input type="checkbox"/>	Consent to Assign Construction Permit	<input type="checkbox"/>	Consent to Transfer Control of Permittee
	<input checked="" type="checkbox"/>	Consent to Assign License	<input type="checkbox"/>	Consent to Transfer Control of Licensee
	<input type="checkbox"/>	Amendment to pending application		
3. Legal Name of the Assignor/Transferor				
JAMES ROBERT KAMPSCHROEF				
Mailing Address				
2976 BURTON DR.				
City	State or Country (if foreign address)		Zip Code	
CAMBRIA	CA		93428	
Telephone Number (include area code)		E-Mail Address (if available)		
8059277079		RADIO2@CHAR		
4. Contact Representative (if other than Assignor/Transferor)		Firm or Company Name		
Mailing Address				
City	State or Country (if foreign address)		Zip Code	
Telephone Number (include area code)		E-Mail Address (if available)		
If more than one Transferor, submit the information requested in Questions 3 and 4 for each transferor.				
5. Authorizations to be Assigned/Transferred. 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.				
6. Agreements for Sale/Transfer of Station.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<p>a. If the transaction is voluntary, Assignor/Transferor certifies that:</p> <p>i. it has placed in licensee's/permittee's public inspection file(s) and submitted as an exhibit to this item copies of all agreements for the assignment/transfer of the station(s);</p> <p>ii. these documents embody the complete and final understanding between assignor/transferor and assignee/transferee; and</p> <p>iii. these agreements comply fully with the Commission's rules and policies.</p> <p>b. If the transaction is involuntary, the Assignor/Transferor certifies that court orders or other authorizing documents have been issued and that it has placed in the licensee's/permittee's public inspection file(s) and submitted to the Commission copies of such court orders or other authorizing documents.</p> <p>Exhibit Required</p>	<p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>
<p>7. Character Issues. Assignor/Transferor certifies that neither licensee/permittee nor any party 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 any party to the application; or</p> <p>b. any pending broadcast application in which character issues have been raised.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>See Explanation in</p>
<p>8. Adverse Findings. Assignor/Transferor certifies that, with respect to the assignor/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.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>See Explanation in</p>
<p>9. Anti-Drug Abuse Act Certification. Assignor/transferor 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.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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.

<p>Typed or Printed Name of Person Signing</p> <p>JAMES ROBERT KAMPSCHROEF</p>	<p>Typed or Printed Title of Person Signing</p> <p>JAMES ROBERT KAMPSCHROEF</p>
<p>Signature</p>	<p>Date</p> <p>3/30/2008</p>

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).

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

<p>1. Certification. Assignee/Transferee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. 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>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>2. Legal Name of the Assignee/Transferee <input type="text" value="KTEA-FM LLC"/></p> <p>Mailing Address <input type="text" value="2976 BURTON DR."/> <input type="text"/></p> <table border="1" data-bbox="277 800 1328 877"> <tr> <td>City <input type="text" value="CAMBRIA"/></td> <td>State or Country (if foreign address) <input type="text" value="CA"/></td> <td>Zip Code <input type="text" value="93428"/> - <input type="text"/></td> </tr> </table> <p>Telephone Number (include area code) <input type="text" value="8059240103"/></p> <p>E-Mail Address (if available) <input type="text" value="JIM@KTEA-FM.C"/></p>		City <input type="text" value="CAMBRIA"/>	State or Country (if foreign address) <input type="text" value="CA"/>	Zip Code <input type="text" value="93428"/> - <input type="text"/>
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<p>3. Contact Representative (if other than Assignee/Transferee) <input type="text" value="JAMES ROBERT KAMPSCHROEF"/> Firm or Company Name <input type="text"/></p> <p>Mailing Address <input type="text" value="2976 BURTON DR."/> <input type="text"/></p> <table border="1" data-bbox="277 1251 1235 1329"> <tr> <td>City <input type="text" value="CAMBRIA"/></td> <td>State or Country (if foreign address) <input type="text" value="CA"/></td> <td>Zip Code <input type="text" value="93428"/> - <input type="text"/></td> </tr> </table> <p>Telephone Number (include area code) <input type="text" value="8059240103"/></p> <p>E-Mail Address (if available) <input type="text" value="JIM@KTEA-FM.C"/></p>		City <input type="text" value="CAMBRIA"/>	State or Country (if foreign address) <input type="text" value="CA"/>	Zip Code <input type="text" value="93428"/> - <input type="text"/>
City <input type="text" value="CAMBRIA"/>	State or Country (if foreign address) <input type="text" value="CA"/>	Zip Code <input type="text" value="93428"/> - <input type="text"/>		
<p>If more than one Transferee, submit the information requested in Questions 2 and 3 for each transferee.</p>				
<p>4. Agreements for Sale/Transfer of Station. Assignee/Transferee certifies that: a. the written agreements in the licensee/permittee's public inspection file 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.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>5. Changes in interests as a result of assignment/transfer. a. <p style="text-align: center;">or</p></p>				
<p>b. Applicant certifies that equity interests not set forth above are non-attributable.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			

		<input type="checkbox"/> N/A
6.	Other Authorizations. List call signs, locations, and facility identifiers of all other broadcast stations in which assignee/transferee or any party to the application has an attributable interest.	<input checked="" type="checkbox"/> N/A
7.	Acquisition of Control. List 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.	<input checked="" type="checkbox"/> N/A
8.	Character Issues. Assignee/Transferee certifies that neither assignee/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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Explanation in
9.	Adverse Findings. Assignee/Transferee certifies that, with respect to the assignee/transferee 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Explanation in
10.	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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Explanation in
11.	Anti-Drug Abuse Act Certification. Assignor/transferor 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="checkbox"/> Yes <input type="checkbox"/> No

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 JAMES ROBERT KAMPSCHROEF	Typed or Printed Title of Person Signing JAMES ROBERT KAMPSCHROEF
Signature	Date 3/30/2008

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