

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Extension of Existing Engineering STA Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. -

Section I - General Information

1.	Legal Name of the Applicant BLUESTONE LICENSE HOLDINGS INC.	
	Mailing Address 675 THIRD AVENUE SUITE 2521	
	City NEW YORK	State or Country (if foreign address) NY
	Zip Code 10017 -	
	Telephone Number (include area code) 2127107771	E-Mail Address (if available) RBONGARTEN@BONTENMEDIA.COM
	FCC Registration No	Call Sign KRCR-TV
	Facility ID Number 8291	
2.	Contact Representative (if other than licensee/permittee) EVE R. POGORILER, ESQ.	Firm or Company Name COVINGTON & BURLING LLP
	Mailing Address 1201 PENNSYLVANIA AVE., NW	
	City WASHINGTON	State or Country (if foreign address) DC
	ZIP Code 20004 -	
	Telephone Number (include area code) 2026625345	E-Mail Address (if available) EPOGORILER@COV.COM
3.	Purpose: <input type="radio"/> Engineering STA <input checked="" type="radio"/> Extension of Existing Engineering STA File Number: BDSTA - 20090717ABB <input type="radio"/> Legal STA <input type="radio"/> Extension of Existing Legal STA	
4.	Service: DS	
5.	Community of License: City: REDDING State: CA	
6.	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 type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)	
7.	Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1)the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought	[Exhibit 36]
8.	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 RANDALL D. BONGARTEN	Typed or Printed Title of Person Signing PRESIDENT
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Signature

Date (mm/dd/yyyy)

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

Attachment 36
