

ALLAN G. MOSKOWITZ, ESQ.

Received & Inspected

2019 MAR -5 PM 3:42

March 1, 2019

MAR 04 2019

FCC Mailroom

976442
Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
Media Bureau Services
c/o U.S. Bank - Government Lockbox 979089
SL-MO-C2-GL
1005 Convention Plaza
St. Louis, MO 63101

Re: Filing of Application for License to Cover Permit
File No. BP-20160607AAH
Radio Station WBMS
Facility ID No. 19631
Brockton, Massachusetts
Marshfield Broadcasting Co., Inc.

Dear Ms. Dortch:

On behalf of Marshfield Broadcasting Co., Inc., licensee of Radio Station WBMS (formerly WATD), Brockton, Massachusetts and holder of Construction Permit BP-20160607AAH to modify facilities, we are herewith filing an application on FCC Form 302-AM to cover the above-referenced construction permit.

The licensee currently operating with Program test Authority

Attached hereto is FCC Form 159 with the payor's credit card number and his signed authorization for the FCC to charge the credit card in payment of the filing fee in the amount of \$725.00

Should any questions arise with respect to this matter, please contact the undersigned counsel.

Respectfully submitted,

By: 
Allan G. Moskowitz, Esq.

000 502 4 351

Enclosure

cc: Son Nguyen, FCC, Room 2-A522

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE
FORM 159

Approved by OMB
3060-0589
Page No. 1 of 2

(1) LOCKBOX # 979089	SPECIAL USE ONLY
	FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Marshfield Broadcasting Co., Inc.	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$725.00
--	---

(4) STREET ADDRESS LINE NO. 1 130 Enterprise Drive
--

(5) STREET ADDRESS LINE NO. 2

(6) CITY Marshfield	(7) STATE MA	(8) ZIP CODE 02050
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(9) DAYTIME TELEPHONE NUMBER (include area code) 7818371166	(10) COUNTRY CODE (if not in U.S.A.)
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FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0005024351	(12) FCC USE ONLY
---------------------------------------	-------------------

IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)
COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(13) APPLICANT NAME Marshfield Broadcasting Co., Inc.

(14) STREET ADDRESS LINE NO. 1 130 Enterprise Drive

(15) STREET ADDRESS LINE NO. 2

(16) CITY Marshfield	(17) STATE MD	(18) ZIP CODE 02050
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(19) DAYTIME TELEPHONE NUMBER (include area code) 7818371166	(20) COUNTRY CODE (if not in U.S.A.)
--	--------------------------------------

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 0005024351	(22) FCC USE ONLY
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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID WBMS	(24A) PAYMENT TYPE CODE MMR	(25A) QUANTITY 1
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(26A) FEE DUE FOR (PTC) \$725.00	(27A) TOTAL FEE \$725.00	FCC USE ONLY
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(28A) FCC CODE 1 19631	(29A) FCC CODE 2 MA, Brockton
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(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
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(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
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(28B) FCC CODE 1	(29B) FCC CODE 2
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SECTION D - CERTIFICATION

CERTIFICATION STATEMENT
I, Alan G. Mastawitz, Esq. certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.

SIGNATURE Alan Mastawitz DATE _____

SECTION E - CREDIT CARD PAYMENT INFORMATION

ACCOUNT NUMBER 7856 2006 0960 6965 MASTERCARD VISA AMEX DISCOVER
EXPIRATION DATE 09/2019

I hereby authorize the FCC to charge my credit card for the service to which authorization herein is described.

SIGNATURE Edward J. Dwyer DATE 3/1/2019

FOR
FCC
USE
ONLY

FCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO. **BL-20190304 AEY**

SECTION I - APPLICANT FEE INFORMATION			
1. PAYOR NAME (Last, First, Middle Initial) Marshfield Broadcasting Co., Inc.			
MAILING ADDRESS (Line 1) (Maximum 35 characters) 130 Enterprise Drive			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			
CITY Marshfield	STATE OR COUNTRY (if foreign address) MA	ZIP CODE 02050	
TELEPHONE NUMBER (Include area code) 7818371166	CALL LETTERS WBMS	OTHER FCC IDENTIFIER (if applicable) 19631	
2. A. Is a fee submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input type="checkbox"/> Other (Please explain):			
C. If Yes, provide the following information:			
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).			
(A)	(B)	(C)	
FEE TYPE CODE M M R	FEE MULTIPLE 0 0 0 1	FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$ 725.00	FOR FCC USE ONLY
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.			
(A)	(B)	(C)	
	0 0 0 1	\$	FOR FCC USE ONLY
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.		TOTAL AMOUNT REMITTED WITH THIS APPLICATION \$ 725.00	FOR FCC USE ONLY

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT Marshfield Broadcasting Co., Inc.		
MAILING ADDRESS 130 Enterprise Drive		
CITY Marshfield	STATE MA	ZIP CODE 02050

2. This application is for:
- Commercial Noncommercial
- AM Directional AM Non-Directional

Call letters WBMS	Community of License Brockton, MA	Construction Permit File No. BP-20160607AAH	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit 06/07/2020
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

Yes No

If No, explain in an Exhibit.

Exhibit No.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

Yes No

If No, state exceptions in an Exhibit.

Exhibit No.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

Yes No

If Yes, explain in an Exhibit.

Exhibit No.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

Yes No

Does not apply

If No, explain in an Exhibit.

Exhibit No.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

Yes No

Exhibit No.

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

Yes No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

Yes No

2. 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.

Name Edward Perry	Signature <i>Edward J. Perry Jr.</i>	
Title President	Date 3/1/19	Telephone Number 7818371166

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

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3050-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

SECTION III - Page 2

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Vertical steel	57.9	58.8	58.8	Exhibit No. N/A

Excitation Series Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 42 ° 03 ' 01 "	West Longitude 71 ° 03 ' 42 "
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.
W247CB antenna

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.
N/A

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

No changes

11. Give reasons for the change in antenna or common point resistance.

New installation

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Charles A. Hecht	Signature (check appropriate box below) <i>Charles A. Hecht</i>
Address (include ZIP Code) Charles A. Hecht & Associates, Inc. 19 Mackenzie Court Freehold, NJ 07728	Date March 1, 2019 Telephone No. (Include Area Code) 732 577-0711

- | | |
|---|---|
| <input type="checkbox"/> Technical Director | <input type="checkbox"/> Registered Professional Engineer |
| <input type="checkbox"/> Chief Operator | <input checked="" type="checkbox"/> Technical Consultant |
| <input type="checkbox"/> Other (specify) | |

CLEAR ALL PAGES

9. Description of antenna system ((if directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.))

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
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Excitation Series Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 42° 03' 01"	West Longitude 71° 03' 42"
----------------------------	----------------------------

If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No. W247CB antenna

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No. N/A

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

No changes

11. Give reasons for the change in antenna or common point resistance.

New installation

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Charles A. Hecht	Signature (check appropriate box below) <i>Charles A. Hecht</i>
Address (include ZIP Code) Charles A. Hecht & Associates, Inc. 19 Mackenzie Court Freehold, NJ 07728	Date March 1, 2019
Telephone No. (include Area Code) 732 577-0711	

Technical Director

Chief Operator

Technical Consultant

Registered Professional Engineer

Other (specify)

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SECTION III - LICENSE APPLICATION ENGINEERING DATA

Name of Applicant
 Marshfield Broadcasting Company, Inc.

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)

Station License
 Direct Measurement of Power

1. Facilities authorized in construction permit

Call Sign	File No. of Construction Permit (if applicable)	Frequency (kHz)	Hours of Operation	Power in kilowatts
WBMS	BP-20160607AAH	1460	Unlimited	Night .03 Day 5.0

2. Station location

State	City or Town
Massachusetts	Brockton

3. Transmitter location

State	County	City or Town	Street address (or other identification)
MA	Plymouth	West Bridgewater	585 Manley Street

4. Main studio location

State	County	City or Town	Street address (or other identification)
MA	Plymouth	Marshfield	130 Enterprise Drive

5. Remote control point location (specify only if authorized directional antenna)

State	County	City or Town	Street address (or other identification)
MA	Plymouth	Marshfield	130 Enterprise Drive

6. Has type-approved stereo generating equipment been installed?
 Yes No

7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.687?
 Yes No

Not Applicable

Exhibit No.

Attach as an Exhibit a detailed description of the sampling system as installed.

8. Operating constants:

RF common point or antenna current (in amperes) without modulation for night system	0.73
RF common point or antenna current (in amperes) without modulation for day system	9.37
Measured antenna or common point resistance (in ohms) at operating frequency	Night 57 Day 57
Measured antenna or common point reactance (in ohms) at operating frequency	Night 95.8 Day 95.8

Antenna indications for directional operation

Towers	Antenna monitor Phase reading(s) in degrees	Antenna monitor sample current ratio(s)	Antenna base currents
	Night Day	Night Day	Night Day

Manufacturer and type of antenna monitor:

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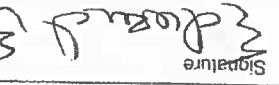
THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

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Title President	Date 3/1/19
Telephone Number 7818371166	Signature 

2. 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.

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

Yes
 No

CERTIFICATION

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

Exhibit No.

If Yes, provide particulars as an Exhibit.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

Yes
 No

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

Yes No

Exhibit No.

Does not apply

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

Yes No

Exhibit No.

Yes No

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

Exhibit No.

Yes No

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

Exhibit No.

Yes No

3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

If No, explain in an Exhibit.

Call letters	WBMS
Community of License	Brockton, MA
Construction Permit File No.	BP-20160607AAH
Modification of Construction Permit File No(s).	
Expiration Date of Last Construction Permit	06/07/2020

2. This application is for: Commercial Noncommercial AM Directional AM Non-Directional

SECTION II - APPLICANT INFORMATION	
1. NAME OF APPLICANT	Marshfield Broadcasting Co., Inc.
MAILING ADDRESS	130 Enterprise Drive
CITY	Marshfield
STATE	MA
ZIP CODE	02050

**FCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY
FILE NO.

FOR FCC USE ONLY

SECTION I - APPLICANT FEE INFORMATION

1. PAYOR NAME (Last, First, Middle Initial)
Marshfield Broadcasting Co., Inc.

MAILING ADDRESS (Line 1) (Maximum 35 characters)
130 Enterprise Drive

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY
Marshfield

STATE OR COUNTRY (if foreign address)
MA

ZIP CODE
02050

TELEPHONE NUMBER (include area code)
7818371166

CALL LETTERS
WBMS

OTHER FCC IDENTIFIER (if applicable)
19631

2. A. Is a fee submitted with this application?
 Yes No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section
 Governmental Entity Noncommercial educational licensee Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

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FEE DUE FOR FEE TYPE CODE IN COLUMN (A)																																							

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

<table border="1"> <tr> <td>FOR FCC USE ONLY</td> <td></td> </tr> </table>	FOR FCC USE ONLY		<table border="1"> <tr> <td> <table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table> </td> <td> <table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table> </td> <td> <table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table> </td> </tr> <tr> <td colspan="3">FEE TYPE</td> <td>FEE MULTIPLE</td> </tr> <tr> <td colspan="3">M M R</td> <td></td> </tr> <tr> <td colspan="3">CODE</td> <td></td> </tr> <tr> <td colspan="3">FEE TYPE</td> <td></td> </tr> </table>	<table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table>	0	0	0	1	<table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table>	0	0	0	1	<table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table>	0	0	0	1	FEE TYPE			FEE MULTIPLE	M M R				CODE				FEE TYPE				<table border="1"> <tr> <td>FOR FCC USE ONLY</td> <td>\$</td> </tr> <tr> <td colspan="2">TOTAL AMOUNT REMITTED WITH THIS APPLICATION</td> </tr> </table>	FOR FCC USE ONLY	\$	TOTAL AMOUNT REMITTED WITH THIS APPLICATION	
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TOTAL AMOUNT REMITTED WITH THIS APPLICATION																																							

ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE.

THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

<table border="1"> <tr> <td>FOR FCC USE ONLY</td> <td></td> </tr> </table>	FOR FCC USE ONLY		<table border="1"> <tr> <td> <table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table> </td> <td> <table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table> </td> <td> <table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table> </td> </tr> <tr> <td colspan="3">FEE TYPE</td> <td>FEE MULTIPLE</td> </tr> <tr> <td colspan="3">M M R</td> <td></td> </tr> <tr> <td colspan="3">CODE</td> <td></td> </tr> <tr> <td colspan="3">FEE TYPE</td> <td></td> </tr> </table>	<table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table>	0	0	0	1	<table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table>	0	0	0	1	<table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </table>	0	0	0	1	FEE TYPE			FEE MULTIPLE	M M R				CODE				FEE TYPE				<table border="1"> <tr> <td>FOR FCC USE ONLY</td> <td>\$ 725.00</td> </tr> <tr> <td colspan="2">TOTAL AMOUNT REMITTED WITH THIS APPLICATION</td> </tr> </table>	FOR FCC USE ONLY	\$ 725.00	TOTAL AMOUNT REMITTED WITH THIS APPLICATION	
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FEE TYPE			FEE MULTIPLE																																				
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TOTAL AMOUNT REMITTED WITH THIS APPLICATION																																							

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

FORM 159

Approved by OAHB
30603589
Page No. 1 of 2

(1) LOCKBOX #	979089
SECTION A - PAYER INFORMATION	
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)	Marshfield Broadcasting Co., Inc.
(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)	\$725.00
(4) STREET ADDRESS LINE NO.1	130 Enterprise Drive
(5) STREET ADDRESS LINE NO.2	
(6) CITY	Marshfield
(9) DAYTIME TELEPHONE NUMBER (include area code)	7818371166
(10) COUNTRY CODE (if not in U.S.A.)	MA
(17) STATE	02050
(18) ZIP CODE	
(11) PAYER (GRN)	0005024351
(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)	
(13) APPLICANT NAME	Marshfield Broadcasting Co., Inc.
(14) STREET ADDRESS LINE NO.1	130 Enterprise Drive
(15) STREET ADDRESS LINE NO.2	
(16) CITY	Marshfield
(19) DAYTIME TELEPHONE NUMBER (include area code)	7818371166
(20) COUNTRY CODE (if not in U.S.A.)	MD
(17) STATE	02050
(18) ZIP CODE	
(11) APPLICANT (GRN)	0005024351
(12) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET	
(23A) CALL SIGN/OTHER ID	WBMS
(24A) PAYMENT TYPE CODE	MMR
(25A) QUANTITY	1
(26A) FEE/DUE FOR (PTC)	\$725.00
(27A) TOTAL FEE	\$725.00
(29A) FCC CODE 1	
(29B) FCC CODE 2	
(29H) FCC CODE 2	
SECTION D - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION E - CREDIT CARD PAYMENT INFORMATION	
(28) PAYER (GRN)	0005024351
(29) CARD NUMBER	4056 2006 0960 6965
(30) EXPIRATION DATE	09/2019
(31) NAME	
(32) ADDRESS	
(33) CITY	
(34) STATE	
(35) ZIP CODE	
(36) COUNTRY CODE	
(37) PAYER (GRN)	
(38) CALL SIGN/OTHER ID	
(39) PAYMENT TYPE CODE	
(40) QUANTITY	
(41) FEE/DUE FOR (PTC)	
(42) TOTAL FEE	
(43) FCC CODE 1	
(44) FCC CODE 2	
(45) FCC CODE 2	
SECTION F - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION G - CREDIT CARD PAYMENT INFORMATION	
(46) PAYER (GRN)	0005024351
(47) CARD NUMBER	4056 2006 0960 6965
(48) EXPIRATION DATE	09/2019
(49) NAME	
(50) ADDRESS	
(51) CITY	
(52) STATE	
(53) ZIP CODE	
(54) COUNTRY CODE	
(55) PAYER (GRN)	
(56) CALL SIGN/OTHER ID	
(57) PAYMENT TYPE CODE	
(58) QUANTITY	
(59) FEE/DUE FOR (PTC)	
(60) TOTAL FEE	
(61) FCC CODE 1	
(62) FCC CODE 2	
(63) FCC CODE 2	
SECTION H - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION I - CREDIT CARD PAYMENT INFORMATION	
(64) PAYER (GRN)	0005024351
(65) CARD NUMBER	4056 2006 0960 6965
(66) EXPIRATION DATE	09/2019
(67) NAME	
(68) ADDRESS	
(69) CITY	
(70) STATE	
(71) ZIP CODE	
(72) COUNTRY CODE	
(73) PAYER (GRN)	
(74) CALL SIGN/OTHER ID	
(75) PAYMENT TYPE CODE	
(76) QUANTITY	
(77) FEE/DUE FOR (PTC)	
(78) TOTAL FEE	
(79) FCC CODE 1	
(80) FCC CODE 2	
(81) FCC CODE 2	
SECTION J - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION K - CREDIT CARD PAYMENT INFORMATION	
(82) PAYER (GRN)	0005024351
(83) CARD NUMBER	4056 2006 0960 6965
(84) EXPIRATION DATE	09/2019
(85) NAME	
(86) ADDRESS	
(87) CITY	
(88) STATE	
(89) ZIP CODE	
(90) COUNTRY CODE	
(91) PAYER (GRN)	
(92) CALL SIGN/OTHER ID	
(93) PAYMENT TYPE CODE	
(94) QUANTITY	
(95) FEE/DUE FOR (PTC)	
(96) TOTAL FEE	
(97) FCC CODE 1	
(98) FCC CODE 2	
(99) FCC CODE 2	
SECTION L - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION M - CREDIT CARD PAYMENT INFORMATION	
(100) PAYER (GRN)	0005024351
(101) CARD NUMBER	4056 2006 0960 6965
(102) EXPIRATION DATE	09/2019
(103) NAME	
(104) ADDRESS	
(105) CITY	
(106) STATE	
(107) ZIP CODE	
(108) COUNTRY CODE	
(109) PAYER (GRN)	
(110) CALL SIGN/OTHER ID	
(111) PAYMENT TYPE CODE	
(112) QUANTITY	
(113) FEE/DUE FOR (PTC)	
(114) TOTAL FEE	
(115) FCC CODE 1	
(116) FCC CODE 2	
(117) FCC CODE 2	
SECTION N - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION O - CREDIT CARD PAYMENT INFORMATION	
(118) PAYER (GRN)	0005024351
(119) CARD NUMBER	4056 2006 0960 6965
(120) EXPIRATION DATE	09/2019
(121) NAME	
(122) ADDRESS	
(123) CITY	
(124) STATE	
(125) ZIP CODE	
(126) COUNTRY CODE	
(127) PAYER (GRN)	
(128) CALL SIGN/OTHER ID	
(129) PAYMENT TYPE CODE	
(130) QUANTITY	
(131) FEE/DUE FOR (PTC)	
(132) TOTAL FEE	
(133) FCC CODE 1	
(134) FCC CODE 2	
(135) FCC CODE 2	
SECTION P - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION Q - CREDIT CARD PAYMENT INFORMATION	
(136) PAYER (GRN)	0005024351
(137) CARD NUMBER	4056 2006 0960 6965
(138) EXPIRATION DATE	09/2019
(139) NAME	
(140) ADDRESS	
(141) CITY	
(142) STATE	
(143) ZIP CODE	
(144) COUNTRY CODE	
(145) PAYER (GRN)	
(146) CALL SIGN/OTHER ID	
(147) PAYMENT TYPE CODE	
(148) QUANTITY	
(149) FEE/DUE FOR (PTC)	
(150) TOTAL FEE	
(151) FCC CODE 1	
(152) FCC CODE 2	
(153) FCC CODE 2	
SECTION R - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION S - CREDIT CARD PAYMENT INFORMATION	
(154) PAYER (GRN)	0005024351
(155) CARD NUMBER	4056 2006 0960 6965
(156) EXPIRATION DATE	09/2019
(157) NAME	
(158) ADDRESS	
(159) CITY	
(160) STATE	
(161) ZIP CODE	
(162) COUNTRY CODE	
(163) PAYER (GRN)	
(164) CALL SIGN/OTHER ID	
(165) PAYMENT TYPE CODE	
(166) QUANTITY	
(167) FEE/DUE FOR (PTC)	
(168) TOTAL FEE	
(169) FCC CODE 1	
(170) FCC CODE 2	
(171) FCC CODE 2	
SECTION T - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION U - CREDIT CARD PAYMENT INFORMATION	
(172) PAYER (GRN)	0005024351
(173) CARD NUMBER	4056 2006 0960 6965
(174) EXPIRATION DATE	09/2019
(175) NAME	
(176) ADDRESS	
(177) CITY	
(178) STATE	
(179) ZIP CODE	
(180) COUNTRY CODE	
(181) PAYER (GRN)	
(182) CALL SIGN/OTHER ID	
(183) PAYMENT TYPE CODE	
(184) QUANTITY	
(185) FEE/DUE FOR (PTC)	
(186) TOTAL FEE	
(187) FCC CODE 1	
(188) FCC CODE 2	
(189) FCC CODE 2	
SECTION V - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION W - CREDIT CARD PAYMENT INFORMATION	
(190) PAYER (GRN)	0005024351
(191) CARD NUMBER	4056 2006 0960 6965
(192) EXPIRATION DATE	09/2019
(193) NAME	
(194) ADDRESS	
(195) CITY	
(196) STATE	
(197) ZIP CODE	
(198) COUNTRY CODE	
(199) PAYER (GRN)	
(200) CALL SIGN/OTHER ID	
(201) PAYMENT TYPE CODE	
(202) QUANTITY	
(203) FEE/DUE FOR (PTC)	
(204) TOTAL FEE	
(205) FCC CODE 1	
(206) FCC CODE 2	
(207) FCC CODE 2	
SECTION X - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION Y - CREDIT CARD PAYMENT INFORMATION	
(208) PAYER (GRN)	0005024351
(209) CARD NUMBER	4056 2006 0960 6965
(210) EXPIRATION DATE	09/2019
(211) NAME	
(212) ADDRESS	
(213) CITY	
(214) STATE	
(215) ZIP CODE	
(216) COUNTRY CODE	
(217) PAYER (GRN)	
(218) CALL SIGN/OTHER ID	
(219) PAYMENT TYPE CODE	
(220) QUANTITY	
(221) FEE/DUE FOR (PTC)	
(222) TOTAL FEE	
(223) FCC CODE 1	
(224) FCC CODE 2	
(225) FCC CODE 2	
SECTION Z - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AA - CREDIT CARD PAYMENT INFORMATION	
(226) PAYER (GRN)	0005024351
(227) CARD NUMBER	4056 2006 0960 6965
(228) EXPIRATION DATE	09/2019
(229) NAME	
(230) ADDRESS	
(231) CITY	
(232) STATE	
(233) ZIP CODE	
(234) COUNTRY CODE	
(235) PAYER (GRN)	
(236) CALL SIGN/OTHER ID	
(237) PAYMENT TYPE CODE	
(238) QUANTITY	
(239) FEE/DUE FOR (PTC)	
(240) TOTAL FEE	
(241) FCC CODE 1	
(242) FCC CODE 2	
(243) FCC CODE 2	
SECTION AB - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AC - CREDIT CARD PAYMENT INFORMATION	
(244) PAYER (GRN)	0005024351
(245) CARD NUMBER	4056 2006 0960 6965
(246) EXPIRATION DATE	09/2019
(247) NAME	
(248) ADDRESS	
(249) CITY	
(250) STATE	
(251) ZIP CODE	
(252) COUNTRY CODE	
(253) PAYER (GRN)	
(254) CALL SIGN/OTHER ID	
(255) PAYMENT TYPE CODE	
(256) QUANTITY	
(257) FEE/DUE FOR (PTC)	
(258) TOTAL FEE	
(259) FCC CODE 1	
(260) FCC CODE 2	
(261) FCC CODE 2	
SECTION AD - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AE - CREDIT CARD PAYMENT INFORMATION	
(262) PAYER (GRN)	0005024351
(263) CARD NUMBER	4056 2006 0960 6965
(264) EXPIRATION DATE	09/2019
(265) NAME	
(266) ADDRESS	
(267) CITY	
(268) STATE	
(269) ZIP CODE	
(270) COUNTRY CODE	
(271) PAYER (GRN)	
(272) CALL SIGN/OTHER ID	
(273) PAYMENT TYPE CODE	
(274) QUANTITY	
(275) FEE/DUE FOR (PTC)	
(276) TOTAL FEE	
(277) FCC CODE 1	
(278) FCC CODE 2	
(279) FCC CODE 2	
SECTION AF - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AG - CREDIT CARD PAYMENT INFORMATION	
(280) PAYER (GRN)	0005024351
(281) CARD NUMBER	4056 2006 0960 6965
(282) EXPIRATION DATE	09/2019
(283) NAME	
(284) ADDRESS	
(285) CITY	
(286) STATE	
(287) ZIP CODE	
(288) COUNTRY CODE	
(289) PAYER (GRN)	
(290) CALL SIGN/OTHER ID	
(291) PAYMENT TYPE CODE	
(292) QUANTITY	
(293) FEE/DUE FOR (PTC)	
(294) TOTAL FEE	
(295) FCC CODE 1	
(296) FCC CODE 2	
(297) FCC CODE 2	
SECTION AH - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AI - CREDIT CARD PAYMENT INFORMATION	
(298) PAYER (GRN)	0005024351
(299) CARD NUMBER	4056 2006 0960 6965
(300) EXPIRATION DATE	09/2019
(301) NAME	
(302) ADDRESS	
(303) CITY	
(304) STATE	
(305) ZIP CODE	
(306) COUNTRY CODE	
(307) PAYER (GRN)	
(308) CALL SIGN/OTHER ID	
(309) PAYMENT TYPE CODE	
(310) QUANTITY	
(311) FEE/DUE FOR (PTC)	
(312) TOTAL FEE	
(313) FCC CODE 1	
(314) FCC CODE 2	
(315) FCC CODE 2	
SECTION AJ - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AK - CREDIT CARD PAYMENT INFORMATION	
(316) PAYER (GRN)	0005024351
(317) CARD NUMBER	4056 2006 0960 6965
(318) EXPIRATION DATE	09/2019
(319) NAME	
(320) ADDRESS	
(321) CITY	
(322) STATE	
(323) ZIP CODE	
(324) COUNTRY CODE	
(325) PAYER (GRN)	
(326) CALL SIGN/OTHER ID	
(327) PAYMENT TYPE CODE	
(328) QUANTITY	
(329) FEE/DUE FOR (PTC)	
(330) TOTAL FEE	
(331) FCC CODE 1	
(332) FCC CODE 2	
(333) FCC CODE 2	
SECTION AL - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AM - CREDIT CARD PAYMENT INFORMATION	
(334) PAYER (GRN)	0005024351
(335) CARD NUMBER	4056 2006 0960 6965
(336) EXPIRATION DATE	09/2019
(337) NAME	
(338) ADDRESS	
(339) CITY	
(340) STATE	
(341) ZIP CODE	
(342) COUNTRY CODE	
(343) PAYER (GRN)	
(344) CALL SIGN/OTHER ID	
(345) PAYMENT TYPE CODE	
(346) QUANTITY	
(347) FEE/DUE FOR (PTC)	
(348) TOTAL FEE	
(349) FCC CODE 1	
(350) FCC CODE 2	
(351) FCC CODE 2	
SECTION AN - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AO - CREDIT CARD PAYMENT INFORMATION	
(352) PAYER (GRN)	0005024351
(353) CARD NUMBER	4056 2006 0960 6965
(354) EXPIRATION DATE	09/2019
(355) NAME	
(356) ADDRESS	
(357) CITY	
(358) STATE	
(359) ZIP CODE	
(360) COUNTRY CODE	
(361) PAYER (GRN)	
(362) CALL SIGN/OTHER ID	
(363) PAYMENT TYPE CODE	
(364) QUANTITY	
(365) FEE/DUE FOR (PTC)	
(366) TOTAL FEE	
(367) FCC CODE 1	
(368) FCC CODE 2	
(369) FCC CODE 2	
SECTION AP - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AQ - CREDIT CARD PAYMENT INFORMATION	
(370) PAYER (GRN)	0005024351
(371) CARD NUMBER	4056 2006 0960 6965
(372) EXPIRATION DATE	09/2019
(373) NAME	
(374) ADDRESS	
(375) CITY	
(376) STATE	
(377) ZIP CODE	
(378) COUNTRY CODE	
(379) PAYER (GRN)	
(380) CALL SIGN/OTHER ID	
(381) PAYMENT TYPE CODE	
(382) QUANTITY	
(383) FEE/DUE FOR (PTC)	
(384) TOTAL FEE	
(385) FCC CODE 1	
(386) FCC CODE 2	
(387) FCC CODE 2	
SECTION AR - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	<u>Allen G. Mostow</u>
DATE	
SECTION AS - CREDIT CARD PAYMENT INFORMATION	
(388) PAYER (GRN)	0005024351
(389) CARD NUMBER	4056 2006 0960 6965
(390) EXPIRATION DATE	09/2019
(391) NAME	
(392) ADDRESS	
(393) CITY	
(394) STATE	
(395) ZIP CODE	
(396) COUNTRY CODE	
(397) PAYER (GRN)	
(398) CALL SIGN/OTHER ID	
(399) PAYMENT TYPE CODE	
(400) QUANTITY	
(401) FEE/DUE FOR (PTC)	
(402) TOTAL FEE	
(403) FCC CODE 1	
(404) FCC CODE 2	
(405) FCC CODE 2	
SECTION AT - CERTIFICATION	
I, <u>Allen G. Mostow 2, CEO</u> , certify, under penalty of perjury, that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE	

ALLAN G. MOSKOWITZ, ESQ.

March 1, 2019

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
Media Bureau Services
c/o U.S. Bank - Government Lockbox 979089
SL-MO-C2-GL
1005 Convention Plaza
St. Louis, MO 63101

Re: Filing of Application for License to Cover Permit
File No. BP-20160607AAH
Radio Station WBMS
Facility ID No. 19631
Brockton, Massachusetts
Marshfield Broadcasting Co., Inc.

Dear Ms. Dortch:

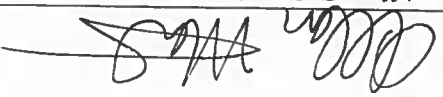
On behalf of Marshfield Broadcasting Co., Inc., licensee of Radio Station WBMS (formerly WATD), Brockton, Massachusetts and holder of Construction Permit BP-20160607AAH to modify facilities, we are herewith filing an application on FCC Form 302-AM to cover the above-referenced construction permit.

The licensee currently operating with Program test Authority

Attached hereto is FCC Form 159 with the payor's credit card number and his signed authorization for the FCC to charge the credit card in payment of the filing fee in the amount of \$725.00

Should any questions arise with respect to this matter, please contact the undersigned counsel.

Respectfully submitted,

By: 
Allan G. Moskowitz, Esq.

Enclosure

cc: Son Nguyen, FCC, Room 2-A522