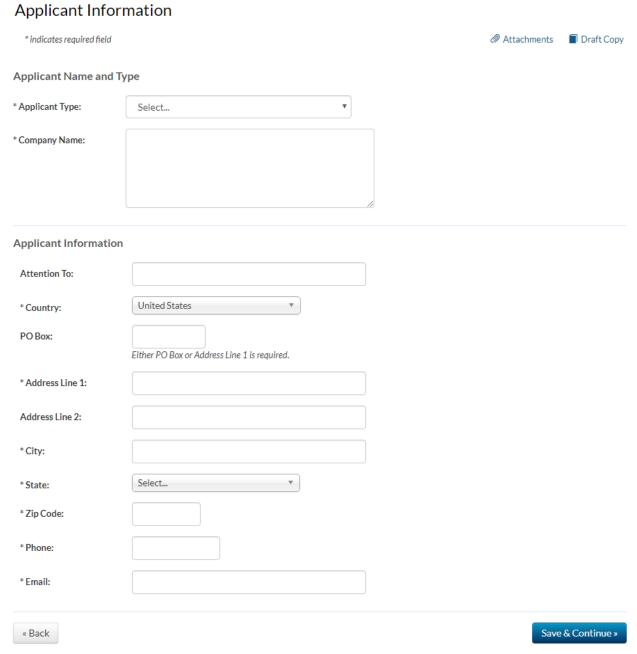
This set of screen shots captures the FM Translator and FM Booster Station License flow in the LMS application.

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	on. It will be displayed in your Applications workspace.	
Uploaded Attachments		
* Are attachments (other than associated schedules) being filed with this application?		
○ Yes ○ No «Clear		
Cancel	Sar	ve & Continue »
ees, Waivers and Exemptions		
* indicates required field	Attachments	■ Draft Copy
Fees		
* Is the applicant exempt from FCC application Fees?		
Yes No «Clear		
● Yes ● No "Clear * Is the applicant exempt from FCC regulatory Fees?		
○ Yes ○ No «Clear		
● Yes ● No «Clear * Is the applicant exempt from FCC regulatory Fees?		
Yes No «Clear * Is the applicant exempt from FCC regulatory Fees? Yes No «Clear		
Yes No «Clear * Is the applicant exempt from FCC regulatory Fees? Yes No «Clear Waivers		
Yes No «Clear * Is the applicant exempt from FCC regulatory Fees? Yes No «Clear Waivers * Does this filing request a waiver of the Commission's rule(s)?		
 Yes No		& Continue »

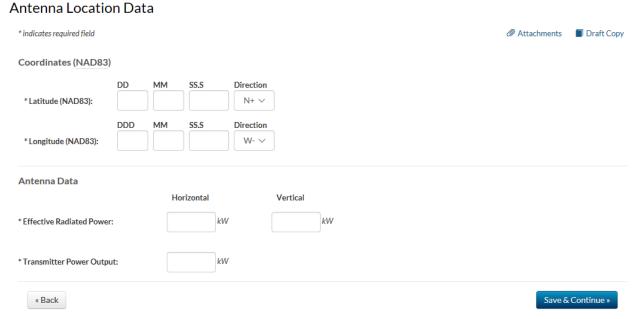


*Indicates required field *Attachments Draft Copy Contact Type *Please select the contact type: O Legal Representative O Other Contact Name *First Name: Middle Name: *Last Name: Suffix: Title: *Company Name:

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 »	Save & Continue »

Legal Certifications * indicates required field Programming * The applicant certifies that it is the licensee of the primary station or the applicant certifies that written authority has been obtained from the licensee of the primary station whose programming is to be retransmitted. ○ Yes ○ No «Clear Station Ready for Operation * Applicant certifies that station is now in satisfactory operating condition and ready for regular operation. ○ Yes ○ No « Clear **Character Issues** * Applicant certifies that neither the applicant nor any party to the application has or 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 party to the application; or (b) any pending broadcast application in which character issues have been raised. ○ Yes ○ No « Clear Adverse Findings * Applicant certifies that, with respect to the applicant and any 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 laws 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 « Back Save & Continue »

Channel and Facility Information *indicates required field Proposed Community of License Facility ID: 199004 Channel: 300 Frequency: 107.9 MHz Facility Type Selected Facility Type: Commercial Save & Continue >



Antenna Technical Data * indicates required field Antenna Type * Please select an antenna type: Directional **Primary Station Community of License** To find the Primary Station's Community of License, enter the station's Facility ID then click the Find button. Facility ID: Find **Delivery Method** ○ Wired * Please select the delivery method: O Via Call Sign O Direct-off-air O Microwave O Phone line ○ Satellite OInternet Other **Transmitting Antenna** * Manufacturer / Make: * Model:

(1 - 20 -must be a whole number, decimals not allowed)

* Spacing Between Sections (wavelength):

(0.5 - 1.5 - may be to tenths decimal place, at most)

easured Directional Antenna Relative Field Value											
Please provide the directional antenna measured field values as well as any additional azimuths: Values entered must be between [.000 - 1.000] and must be entered for every degree listed from 0 to 350 in increments of 10.											
▲ The requ	The requirements of 47 CFR Section 73.316 must be satisfied.										
V _A = Relative F	ield Value V _N	_м = Measured Fiel	ld Value								
Degree	V _A	V _M	Degree	V _A	V_{M}	Degree	VA	V_{M}	Degree	VA	V _M
0	1		90	0.04		180	0.06		270	0.03	
10	0.94		100	0.03		190	0.05		280	0.04	
20	0.77		110	0.03		200	0.05		290	0.04	
30	0.55		120	0.04		210	0.03		300	0.07	
40	0.33		130	0.05		220	0.02		310	0.18	
50	0.15		140	0.04		230	0.03		320	0.35	
60	0.03		150	0.04		240	0.04		330	0.57	
70	0.03		160	0.05		250	0.03		340	0.76	
80	0.05		170	0.06		260	0.02		350	0.93	
Additional	Azimuths	(optional)									
Degree	V_{A}	V_{m}									
« Back											

Technical Certifications * indicates required field **Constructed Facility** * The facility was constructed as authorized in the underlying construction permit or complies with 47 C.F.R. Section 74.1251? ○ Yes ○ No « Clear **Special Operating Conditions** * Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit? ○ Yes ○ No « Clear **Transmitter Power Output** $^{\star}\,\mathsf{Does}\,\mathsf{the}\,\mathsf{operating}\,\mathsf{transmitter}\,\mathsf{power}\,\mathsf{output}\,\mathsf{produce}\,\mathsf{the}\,\mathsf{authorized}\,\mathsf{effective}\,\mathsf{radiated}\,\mathsf{power}?$ ○ Yes ○ No «Clear **Environmental Effect** *Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See 47 C.F.R. Section 1.1306? ○ Yes ○ No « Clear Save & Continue » « Back

Certification * indicates required field **General Certification Statements** The Applicant 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 of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.). The Applicant certifies that neither the Applicant 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 $1988, 21\,U.S.C.\,\S\,862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filled in services exempted$ under §1.2002(c) of the rules, 47 CFR . See §1.2002(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). The Applicant certifies 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 true, complete, correct, and made in good faith. **Authorized Party to Sign** FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, \$1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503). I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. * indicates required field 12/07/2018 Date: * First Name: Middle Name: * Last Name:

Suffix:

* Title:

* Attachments:

 \square I certify that this application includes all required and relevant attachments.

Submit Application