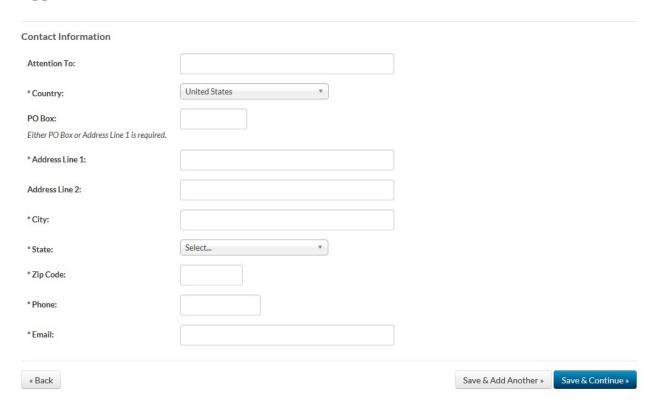
This set of screen shots captures the FM Translator and FM Booster Station License flow in the LMS application.

| 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 ap | plication. It will be displayed in your Applications workspace. | |
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| | | |
| Uploaded Attachments | | |
| ${}^{\star}\text{Are attachments (other than associated schedules) being filed with this application?}$ | | |
| ○ Yes ○ No «Clear | | |
| Cancel | Sav | ve & Continue » |
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| ees, Waivers and Exemptions | | |
| * indicates required field | Attachments | ■ Draft Copy |
| Fees | | |
| | | |
| * Is the applicant exempt from FCC application Fees? | | |
| ○ 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 «Clear | | |
| | | |
| « Back | Save 8 | & Continue » |

Applicant Information

| * indicates required field | ments 🔳 Draft Copy |
|---|--------------------|
| | |
| Applicant Name and Type | |
| * Applicant Type: Select | |
| * Company Name: | |
| | |
| | |
| Applicant 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: | |
| * Zip Code: | |
| * Phone: | |
| * Email: | |
| « Back | Save & Continue » |

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



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 Save & Continue » « Back

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 >

« Back

Antenna Location Data * indicates required field Coordinates (NAD83) DD MM SS.S Direction * Latitude (NAD83): DDD SS.S MM Direction W- v * Longitude (NAD83): Antenna Data Horizontal Vertical * Effective Radiated Power: kW kW kW * Transmitter Power Output:

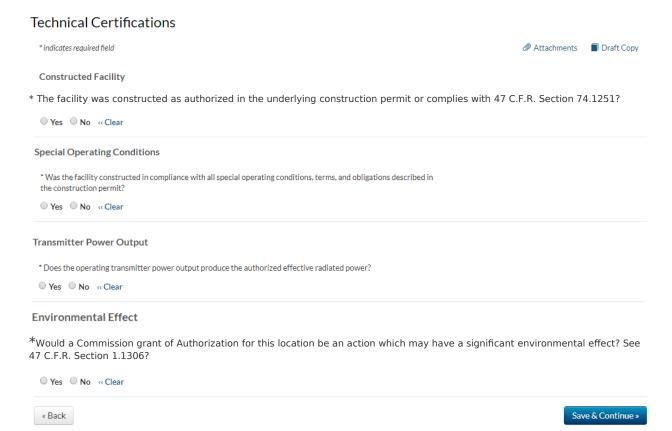
Save & Continue »

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** O Wired * Please select the delivery method: O Via Call Sign O Direct-off-air O Microwave O Phone line ○ Satellite \bigcirc Internet Other Transmitting Antenna * Manufacturer / Make: * Model: * Number of Sections: (1 - 20 -must be a whole number, decimals not allowed)

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

* Spacing Between Sections (wavelength):

| | | | lative Field V | | | | | | | | |
|-----------------------------|----------------------------------|-----------------------------|--------------------------------------|----------------|-------------|--------|--------------|--------------|--------|----------------|----------------|
| | | | neasured field va 1.000] and must | | | | 350 in incre | ments of 10. | | | |
| ⚠ The requ | uirements o | f 47 CFR Sectio | n 73.316 must b | e satisfied. | | | | | | | |
| V _A = Relative F | ield Value V _N | ₁ = Measured Fie | ld Value | | | | | | | | |
| Degree | V_{A} | V _M | Degree | V _A | $V_{\rm M}$ | Degree | VA | V_{M} | Degree | V _A | 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 | e V _A V _m | | | | | | | | | | |
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| « Back | | | | | | | | | | | |



Certification

| * indicates required field | | | ft Copy | | | | | |
|---|---|---|---------|--|--|--|--|--|
| General Certification Statements | | | | | | | | |
| | | as against the regulatory power of the United States because of ance with this application (See Section 304 of the Communication) | | | | | | |
| 1988, 21 U.S.C. § 862, because of a conviction | on for possession or distribution of a controlled substance. This | al of Federal benefits pursuant to §5301 of the Anti-Drug Abuse certification does not apply to applications filed in services exe f "party to the application" as used in this certification § 1.2002(| mpted | | | | | |
| The Applicant certifies that all statements m application, and are true, complete, correct, | | uments incorporated by reference are material, are part of this | | | | | | |
| Authorized Party to Sign | | | | | | | | |
| FAILURE TO SIGN THIS APPLICATION MA | Y RESULT IN DISMISSAL OF THE APPLICATION AND FORF | EITURE 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. | | | | | | | | |
| | THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY I IZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEIT | FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AN JRE (U.S. Code, Title 47, §503). | ID/OR | | | | | |
| I declare, under penalty of perjury, that I am | an authorized representative of the above-named applicant fo | or the Authorization(s) specified above. | | | | | | |
| * indicates required field | | | | | | | | |
| Date: | 12/07/2018 | | | | | | | |
| * First Name: | | | | | | | | |
| Middle Name: | | | | | | | | |
| * Last Name: | | | | | | | | |
| Suffix: | | | | | | | | |
| *Title: | | | | | | | | |
| * Attachments: | ☐ I certify that this application includes all required and relevant a | ttachments. | | | | | | |
| | Submit Application | | | | | | | |

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We have estimated that each response to this collection of information will take 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to pra@fcc.gov or send them to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0404), Washington, DC 20554. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number of if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0404.

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