

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

Section I - General Information

1.	Legal Name of the Applicant Desert Mountain Broadcasting Licenses LLC	
	Mailing Address 2075 Central Avenue	
	City Billings	State or Country (if foreign address) MT
	Zip Code 59102 -	
	Telephone Number (include area code) (406) 248-7777	E-Mail Address (if available) cmaxwell@desertmountainbroadcasting.com
FCC Registration No 0028315117	Call Sign KOBB	Facility ID Number 55677
2.	Contact Representative (if other than licensee/permittee) Derek Teslik	
	Firm or Company Name Gray Miller Persh LLP	
	Mailing Address 2233 Wisconsin Avenue, NW Ste. 226	
	City Washington	State or Country (if foreign address) DC
	Zip Code 20007	
	Telephone Number (include area code) 202-559-7489	E-Mail Address (if available) dteslik@graymillerpersh.com
3.	Purpose:	
	<input type="radio"/> Engineering STA	
	<input checked="" type="radio"/> Extension of Existing Engineering STA File Number: BSTA - 20210419AAJ	
	<input type="radio"/> Legal STA	
	<input type="radio"/> Extension of Existing Legal STA	
4.	Service: AM	
5.	Community of License: City: BOZEMAN State: MT	
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"/> <input checked="" type="radio"/> N/A (Fee Required)	
7.	Environmental Protection Act. The proposed facility is excluded from environmental processing under 47. C.F.R. Section 1.1306 (i.e., The facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an Exhibit is required.	<input checked="" type="radio"/> Yes <input type="radio"/> No
	By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.	See Explanation in [Exhibit 33]

8.	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 34]
9.	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 Cameron Maxwell	Typed or Printed Title of Person Signing President and CEO
Signature /s/Cameron Maxwell	Date (mm/dd/yyyy) 06/16/2023

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

Exhibit 34

Description: REASON FOR REQUEST

Licensee has been granted a construction permit authorizing the relocation of the station but construction has not been completed. *See* BP-20220422AAH. Licensee will continue to operate pursuant to the facilities authorized by STA until such time as it has been able to construct the new facilities. Thus, Licensee respectfully requests a six-month extension of STA.

Attachment 34

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

(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) Desert Mountain Broadcasting Licenses LLC	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 650.00
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(4) STREET ADDRESS LINE NO. 1
3981 Woodcreek Drive

(5) STREET ADDRESS LINE NO. 2

(6) CITY Billings	(7) STATE MT	(8) ZIP CODE 59106
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(9) DAYTIME TELEPHONE NUMBER (include area code) 4066719344	(10) COUNTRY CODE (if not in U.S.A.) US
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FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0028315117	(12) FCC USE ONLY
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**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
Desert Mountain Broadcasting Licenses LLC

(14) STREET ADDRESS LINE NO.1
3981 Woodcreek Drive

(15) STREET ADDRESS LINE NO. 2

(16) CITY Billings	(17) STATE MT	(18) ZIP CODE 59106
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(19) DAYTIME TELEPHONE NUMBER (include area code) 4066719344	(20) COUNTRY CODE (if not in U.S.A.) US
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FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 0028315117	(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 KOBB (AM)	(24A) PAYMENT TYPE CODE MVV	(25A) QUANTITY 1
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(26A) FEE DUE FOR (PTC) 325.00	(27A) TOTAL FEE 325.00	FCC USE ONLY
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(28A) FCC CODE 1 55677	(29A) FCC CODE 2 55677
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(23B) CALL SIGN/OTHER ID KBOZ (AM)	(24B) PAYMENT TYPE CODE MVV	(25B) QUANTITY 1
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(26B) FEE DUE FOR (PTC) 325.00	(27B) TOTAL FEE 325.00	FCC USE ONLY
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(28B) FCC CODE 1 16775	(29B) FCC CODE 2 16775
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SECTION D – CERTIFICATION

CERTIFICATION STATEMENT
I, _____, 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 _____ DATE _____

SECTION E - CREDIT CARD PAYMENT INFORMATION

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____