

Tribal/NHO Involvement

1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects?		(<input checked="" type="checkbox"/>) <u>Yes</u> () <u>No</u>
2a) Tribes/NHOs contacted through TCNS Notification Number: <u>70480</u>		Number of Tribes/NHOs: <u>18</u>
2b) Tribes/NHOs contacted through an alternate system:		Number of Tribes/NHOs: <u>0</u>

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Kickapoo Tribe of Oklahoma

Contact Name

5) First Name: Kent	6) MI:	7) Last Name: Collier	8) Suffix:
9) Title: NAGPRA Representative			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Menominee Indian Tribe of Wisconsin

Contact Name

5) First Name: David	6) MI:	7) Last Name: Grignon	8) Suffix:
9) Title: THPO			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

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2b) Tribes/NHOs contacted through an alternate system: Number of Tribes/NHOs: <u>0</u>	

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Miami Tribe of Oklahoma

Contact Name

5) First Name: George	6) MI:	7) Last Name: Strack	8) Suffix:
9) Title: THPO			

Dates & Response

10) Date Contacted <u>11/10/2010</u>	11) Date Replied <u>11/11/2010</u>
() No Reply	
() Replied/No Interest	
() Replied/Have Interest	
(<input checked="" type="checkbox"/>) Replied/Other	

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Osage Nation

Contact Name

5) First Name: Dr. Andrea	6) MI:	7) Last Name: Hunter	8) Suffix:
9) Title: Tribal Historic Preservation Officer			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
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Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Ottawa Tribe of Oklahoma

Contact Name

5) First Name: Rhonda	6) MI:	7) Last Name: (Dixon) Hayworth	8) Suffix:
9) Title: Historic Preservation Officer			

Dates & Response

10) Date Contacted <u>11/10/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Peoria Tribe of Indians of Oklahoma

Contact Name

5) First Name: Frank	6) MI:	7) Last Name: Hecksher	8) Suffix:
9) Title: Special Projects Manager/NAGPRA			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

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Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Pokagon Band of Potawatomi Indians

Contact Name

5) First Name: Michael	6) MI:	7) Last Name: Zimmerman	8) Suffix: Jr
9) Title: Tribal Historic Preservation Officer			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied <u>11/15/2010</u>
() No Reply	
(<input checked="" type="checkbox"/>) Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Prairie Band Potawatomi Nation

Contact Name

5) First Name: Steve	6) MI:	7) Last Name: Ortiz (Mon-wah)	8) Suffix:
9) Title: Chairman			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

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Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Quapaw Tribe of Oklahoma c/o Conner & Winters

Contact Name

5) First Name: Wendy	6) MI: A	7) Last Name: Huntzinger	8) Suffix:
9) Title: Paralegal & Quapaw TCNS Representative			

Dates & Response

10) Date Contacted <u>11/10/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Sac & Fox Tribe of the Mississippi in Iowa

Contact Name

5) First Name: Johnathan	6) MI: L	7) Last Name: Buffalo	8) Suffix:
9) Title: Historic Preservation Director			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied <u>11/12/2010</u>
() No Reply	
(<input checked="" type="checkbox"/>) Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

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Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Shawnee Tribe

Contact Name

5) First Name: Kim	6) MI:	7) Last Name: Jumper	8) Suffix:
9) Title: THPO			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied <u>11/18/2010</u>
() No Reply	
() Replied/No Interest	
() Replied/Have Interest	
(<input checked="" type="checkbox"/>) Replied/Other	

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: United Keetoowah Band of Cherokee Indians

Contact Name

5) First Name: Lisa	6) MI: C	7) Last Name: Stopp	8) Suffix:
9) Title: Acting THPO			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

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2b) Tribes/NHOs contacted through an alternate system:		Number of Tribes/NHOs: <u>0</u>

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Winnebago Tribe of Nebraska

Contact Name

5) First Name: David	6) MI:	7) Last Name: Smith	8) Suffix:
9) Title: Repatriation Director			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: Wyandotte Nation

Contact Name

5) First Name: Sherri	6) MI:	7) Last Name: Clemons	8) Suffix:
9) Title: THPO			

Dates & Response

10) Date Contacted <u>11/11/2010</u>	11) Date Replied <u>11/11/2010</u>
() No Reply	
() Replied/No Interest	
() Replied/Have Interest	
(<input checked="" type="checkbox"/>) Replied/Other	

Other Tribes/NHOs Contacted

Tribe/NHO Information

1) FCC Registration Number (FRN):
2) Name:

Contact Name

3) First Name:	4) MI:	5) Last Name:	6) Suffix:
7) Title:			

Contact Information

8) P.O. Box:	And /Or	9) Street Address:	
10) City:		11) State:	12) Zip Code:
13) Telephone Number:		14) Fax Number:	
15) E-mail Address:			
16) Preferred means of communication: () E-mail () Letter () Both			

Dates & Response

17) Date Contacted _____	18) Date Replied _____
() No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Historic Properties

Properties Identified

1) Have any historic properties been identified within the APEs for direct and visual effect?	() <u>Y</u> es (X) <u>N</u> o
2) Has the identification process located archaeological materials that would be directly affected, or sites that are of cultural or religious significance to Tribes/NHOs?	() <u>Y</u> es (X) <u>N</u> o
3) Are there more than 10 historic properties within the APEs for direct and visual effect? If "Yes", you are required to attach a Cultural Resources Report in lieu of adding the Historic Property below.	() <u>Y</u> es (X) <u>N</u> o

Historic Property

4) Property Name:
5) SHPO Site Number:

Property Address

6) Street Address:		
7) City:	8) State:	9) Zip Code:
10) County/Borough/Parish:		

Status & Eligibility

11) Is this property listed on the National Register? Source: _____	() <u>Y</u> es () <u>N</u> o
12) Is this property eligible for listing on the National Register? Source: _____	() <u>Y</u> es () <u>N</u> o
13) Is this property a National Historic Landmark?	() <u>Y</u> es () <u>N</u> o

14) Direct Effects (Select One): <input type="checkbox"/> No Effect on this Historic Property in APE <input type="checkbox"/> No Adverse Effect on this Historic Property in APE <input type="checkbox"/> Adverse Effect on this Historic Property in APE
15) Visual Effects (Select One): <input type="checkbox"/> No Effect on this Historic Property in APE <input type="checkbox"/> No Adverse Effect on this Historic Property in APE <input type="checkbox"/> Adverse Effect on this Historic Property in APE

Local Government Involvement

Local Government Agency

1) FCC Registration Number (FRN):
2) Name: Village of DeSoto

Contact Name

3) First Name: Robert	4) MI:	5) Last Name: Hooper	6) Suffix:
7) Title: Vice President			

Contact Information

8) P.O. Box: PO Box 467	And /Or	9) Street Address: 210 West Lincoln Street	
10) City: DeSoto		11) State: IL	12) Zip Code: 62924
13) Telephone Number: (618)867-2315		14) Fax Number:	
15) E-mail Address:			
16) Preferred means of communication: () E-mail (X) Letter () Both			

Dates & Response

17) Date Contacted 11/17/2010	18) Date Replied _____
(X) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Additional Information

19) Information on local government's role or interest (optional):
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Local Government Involvement

Local Government Agency

1) FCC Registration Number (FRN):
2) Name: Jackson County Courthouse

Contact Name

3) First Name: John	4) MI:	5) Last Name: Evans	6) Suffix:
7) Title: Chairman			

Contact Information

8) P.O. Box:	And /Or	9) Street Address: 1001 Walnut Street	
10) City: Murphysboro		11) State: IL	12) Zip Code: 62966
13) Telephone Number: (618)687-7240		14) Fax Number:	
15) E-mail Address:			
16) Preferred means of communication: () E-mail (X) Letter () Both			

Dates & Response

17) Date Contacted 11/17/2010	18) Date Replied _____
(X) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Additional Information

19) Information on local government's role or interest (optional):
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Local Government Involvement

Local Government Agency

1) FCC Registration Number (FRN):
2) Name: Somerset Township

Contact Name

3) First Name: Sheryl	4) MI:	5) Last Name: Graff	6) Suffix:
7) Title: Supervisor			

Contact Information

8) P.O. Box:	And /Or	9) Street Address: 138 Johnson Road	
10) City: Murphysboro		11) State: IL	12) Zip Code: 62966
13) Telephone Number: (618)684-5842		14) Fax Number:	
15) E-mail Address:			
16) Preferred means of communication: () E-mail (X) Letter () Both			

Dates & Response

17) Date Contacted 11/17/2010	18) Date Replied _____
(X) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Additional Information

19) Information on local government's role or interest (optional):
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Other Consulting Parties

Other Consulting Parties Contacted

1) Has any other agency been contacted and invited to become a consulting party?	(<input checked="" type="checkbox"/>) <u>Yes</u> () <u>No</u>
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Consulting Party

2) FCC Registration Number (FRN):
3) Name: Jackson County Historical Society

Contact Name

4) First Name: Jackson County	5) MI:	6) Last Name: Historical Society	7) Suffix:
8) Title: To Whom it May Concern			

Contact Information

9) P.O. Box:	And /Or	10) Street Address: 1616 Edith St.	
11) City: Murphysboro		12) State: IL	13) Zip Code: 62966
14) Telephone Number: (618)684-6989		15) Fax Number:	
16) E-mail Address:			
17) Preferred means of communication: () E-mail (<input checked="" type="checkbox"/>) Letter () Both			

Dates & Response

18) Date Contacted 11/17/2010	19) Date Replied _____
(<input checked="" type="checkbox"/>) No Reply	
() Replied/No Interest	
() Replied/Have Interest	
() Replied/Other	

Additional Information

20) Information on other consulting parties' role or interest (optional):

Designation of SHPO/THPO

1) Designate the Lead State Historic Preservation Officer (SHPO) or Tribal Historic Preservation Officer (THPO) based on the location of the tower.

SHPO/THPO

Name: Illinois Historic Preservation Agency (Deputy SHPO)

2) You may also designate up to three additional SHPOs/THPOs if the APEs include multiple states. If the APEs include other countries, enter the name of the National Historic Preservation Agency and any state and provincial Historic Preservation Agency.

SHPO/THPO Name: _____

SHPO/THPO Name: _____

SHPO/THPO Name: _____

Designation of SHPO/THPO Attachments may be required – See instructions for details.

Certification

I certify that all representations on this FCC Form 620 Submission Packet and the accompanying attachments are true, correct, and complete.

Party Authorized to Sign

First Name: <u>Virginia</u>	MI: <u>M</u>	Last Name: <u>Janssen</u>	Suffix: _____
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Signature: <u>Virginia M. Janssen</u>	Date: <u>12/01/2010</u>
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FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS 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).

Personnel Resumes