

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Engineering STA</b>		FOR COMMISSION USE ONLY FILE NO. BSTA - 20110309ABW
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant SEATTLE STREAMING RADIO, LLC		
	Mailing Address P.O. BOX 348 2539 NORTH HIGHWAY 67		
	City SEDALIA	State or Country (if foreign address) CO	Zip Code 80135 -
	Telephone Number (include area code) 3036885162		E-Mail Address (if available) DDRUCKER@WILDBLUE.NET
	FCC Registration No 0007385289	Call Sign KXLJ	Facility ID Number 161171
2.	Contact Representative (if other than licensee/permittee) JAMES M. TALENS, COUNSEL		Firm or Company Name
	Mailing Address 6017 WOODLEY ROAD SUITE 1325		
	City MCLEAN	State or Country (if foreign address) VA	ZIP Code 22101 - 3345
	Telephone Number (include area code) 7032411144		E-Mail Address (if available) JTALENS@VERIZON.NET
3.	Purpose:		
	<input checked="" type="radio"/> Engineering STA		
	<input type="radio"/> Extension of Existing Engineering STA		
	<input type="radio"/> Legal STA		
	<input type="radio"/> Extension of Existing Legal STA		
4.	Service: AM		
5.	Community of License: City: JUNEAU State: AK		
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"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)		

**TECHNICAL SPECIFICATIONS**

Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.

**TECH BOX**

7.0.	STA is requested for use of
	<input checked="" type="radio"/> Licensed Antenna system with:
	<input checked="" type="radio"/> Reduced power
	<input type="radio"/> Reduced hours of operation
	<input type="radio"/> Required equipment out of service
	<input type="radio"/> Other variance [Exhibit 13]

<input type="radio"/> Antenna system authorized by Construction Permit: Describe requested modes of operation [Exhibit 14]	
<input type="radio"/> Emergency wire antenna. Provide a full description in the Exhibit to Question 8. Do not complete the directional or nondirectional tower subforms.	
<input type="radio"/> Other antenna system: (Complete Items 7.1 - 7.7)	
7.1. Frequency: kHz	
7.2. Class (select one): A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/>	
7.3. Hours of Operation: <input type="radio"/> Unlimited <input type="radio"/> Limited <input type="radio"/> Daytime <input type="radio"/> Share Time <input type="radio"/> Specified Hours:	
7.4. <b>Daytime:</b> <input type="radio"/> Yes <input type="radio"/> No [Daytime Operation]	
7.5. <b>Nighttime:</b> <input type="radio"/> Yes <input type="radio"/> No [Nighttime Operation]	
7.6. <b>Critical Hours Operation:</b> <input type="radio"/> Yes <input type="radio"/> No [Critical Hours Operation]	
7.7. <b>Environmental Protection Act.</b> 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 <b>Exhibit is required.</b>  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.	<input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 15]
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 16]
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 certify that I have prepared Engineering Data on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name THOMAS S. GORTON P.E.	Relationship to Applicant (e.g., Consulting Engineer) CONSULTING ENGINEER	
Signature	Date (mm/dd/yyyy) 03/09/2011	
Mailing Address 9500 GREENWOOD AVE N		
City SEATTLE	State or Country (if foreign address) WA	Zip Code 98103 -3012

Telephone Number (No dashes or parentheses, include area code) 2067839151	E-Mail Address (if available) GORTON@HATDAW.COM
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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 DAVID M DRUCKER	Typed or Printed Title of Person Signing MANAGER
Signature	Date (mm/dd/yyyy) 09/09/2011

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).

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## Exhibits

### Exhibit 16

#### Description: SPECIAL SITUATION EXPLANATION

UNRELIABILITY OF COMMERCIAL POWER AND ACUTELY HIGH COSTS OF FUEL FOR GENERATOR BACKUP POWER IN THIS REMOTE AREA HAVE CAUSED A NEED TO REDUCE TRANSMITTER OUTPUT POWER IN THE PAST AT THIS STATION IN JUNEAU. (SEE PREVIOUSLY ISSUED STAS.) AT THIS TIME A SIMILAR STA FOR SIMILAR REASONS IS REQUESTED. THE STATION IS AGAIN FACING ACUTELY HIGHER FUEL AND ENERGY COSTS THAT CAN BE AMELIORATED BY TEMPORARY OPERATION AT A LOWER POWER LEVEL.

REDUCING THE OUTPUT POWER TO 3 KW DOES NOT CREATE ANY DISCERNIBLE ADVERSE IMPACT ON THE COMMUNITY SERVED BY KXLJ-AM. THE REASON FOR THIS LIES IN THE UNIQUE NATURE OF THE TERRAIN AND DISTRIBUTION OF POPULATION IN THE SERVICE AREA, I.E., A BOOMERANG KIND OF GEOGRAPHICAL SERVICE AREA THAT IS FULLY SERVED USING EVEN LESS THAN THE 3 KW SOUGHT BY THIS STA.

RELIABILITY OF SERVICE TO THE JUNEAU COMMUNITY WILL BE ENHANCED BY GRANT OF THIS STA REQUEST BECAUSE OF THE ECONOMIC BENEFITS OF CONSUMING LESS ENERGY AND BEING CAPABLE OF LONGER OPERATION ON GENERATORS WHEN NECESSITATED BY COMMERCIAL POWER OUTAGES, WHICH OCCUR REGULARLY.

IN ADDITION, AND EVEN MORE URGENT, THERE HAS BEEN AN INTERMITTENT BUT WORSENING ANOMALY IN THE DIPLEXER USED BY THE STATION THAT WILL REQUIRE WORK AT REDUCED POWER LEVELS DURING THE COMING SPRING AND SUMMER WHEN DIAGNOSIS AND REPAIR WILL BE PERFORMED. OPERATING AT 3 KW WILL FACILITATE TROUBLESHOOTING AND REQUIRED MAINTENANCE DURING THE SIX-MONTH PERIOD REQUESTED FOR THIS STA.

FOR THESE REASONS, WE BELIEVE THE PUBLIC INTEREST WILL BE SERVED BY GRANT OF THIS STA FOR A PERIOD OF SIX MONTHS.

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### Attachment 16

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