

## Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0015405798
Payer Name	sterlingtoddb@gmail.com
Remittance ID	3730267
Treasury Tracking ID	26URRE36

Thank you for your payment!

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

(1) LOCKBOX # <b>979089</b>		SPECIAL USE ONLY	
		FCC USE ONLY	
<b>SECTION A – PAYER INFORMATION</b>			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) <b>The Mountain Broadcasting LLC</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>290.00</b>	
(4) STREET ADDRESS LINE NO.1 <b>36200 Pittsburg Rd.</b>			
(5) STREET ADDRESS LINE NO. 2 <b>Suite C</b>			
(6) CITY <b>St. Helens</b>		(7) STATE <b>OR</b>	(8) ZIP CODE <b>97051</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>5033971600</b>		(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(11) PAYER (FRN) <b>0015405798</b>		(12) FCC USE ONLY	
<b>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</b>			
(13) APPLICANT NAME <b>The Mountain Broadcasting LLC</b>			
(14) STREET ADDRESS LINE NO.1 <b>36200 Pittsburg Rd.</b>			
(15) STREET ADDRESS LINE NO. 2 <b>Suite C</b>			
(16) CITY <b>St. Helens</b>		(17) STATE <b>OR</b>	(18) ZIP CODE <b>97051</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>5033971600</b>		(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(21) APPLICANT (FRN) <b>0015405798</b>		(22) FCC USE ONLY	
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>			
(23A) CALL SIGN/OTHER ID <b>KOHI</b>	(24A) PAYMENT TYPE CODE <b>MVV</b>		(25A) QUANTITY <b>1</b>
(26A) FEE DUE FOR (PTC) <b>290.00</b>	(27A) TOTAL FEE <b>290.00</b>		FCC USE ONLY
(28A) FCC CODE 1 <b>70467</b>		(29A) FCC CODE 2 <b>CDBS 20220131AAD</b>	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE		(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE		FCC USE ONLY
(28B) FCC CODE 1		(29B) FCC CODE 2	
<b>SECTION D – CERTIFICATION</b>			
<b>CERTIFICATION STATEMENT</b>			
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 _____	
<b>SECTION E - CREDIT CARD PAYMENT INFORMATION</b>			
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 _____			

## ADVICE REFERENCE GUIDE HOW TO USE FCC FORM 159-REMITTANCE ADVICE

The FCC Form 159, "Remittance Advice," and FCC Form 159-C, (Continuation Sheet) is a multi-purpose form that must accompany any payment to the Federal Communications Commission (e.g., Regulatory Fees, Processing Fees, Auctions, Fines, Forfeitures, Freedom of Information Act (FOIA) Billings, or any other debt due to the FCC). The information on this form is collected to ensure credit for full payment, to ensure you receive any refunds due, to service public inquiries, and to comply with the Debt Collection Improvement Act of 1996.

Note: Fee Filing Guides can be obtained by calling Forms Distribution -- (202) 418-3676 or 1-800-418-3676, or by calling FCC's fax-on-demand -- (202) 418-0177 from the handset of a fax machine.

### Instructions for Completing FCC Form 159 & 159-C

**NOTE: All required blocks must be completed or it may result in a delay in processing or the return of your application.**

(1) **Lockbox No. #** - Enter the appropriate six-digit P.O. Box Number as found in either the FCC Fee Filing Guide for the service requested, or as specified in the Public Notice.

#### SECTION A

(2) **Payer Name** - Enter the name of the person or company (i.e., maker of the check) making the payment. If using an individual name, enter the last name, first name, and middle initial. If a company, enter the name used commercially. If paying by credit card, enter the name exactly as it appears on your card.

(3) **Total Amount Paid** - Enter the total amount of your remittance.

(4) **Street Address Line 1** - The street address or post office box number to which correspondence should be sent.

(5) **Street Address Line 2** - This line may be used if further identification of the address is required.

(6) **City** - The name of the city associated with the street address given in (4).

(7) **State** - If the payer has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the payer has a mailing address outside the United States, leave this section blank.

(8) **ZIP Code** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(9) **Daytime Telephone Number** - Enter the payer's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. This daytime number should be the number where you can be reached during normal business hours.

(10) **Country Code** - This section is for payers who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information, contact the Mailing Requirements Dept. of the U.S. Postal Service.

(11) **Payer (FRN)** - Enter the payer's ten-digit FCC Registration Number (FRN) assigned by the Commission Registration System (CORES). The FRN is a unique entity identifier for everyone doing business with the Commission. The FRN can be obtained electronically through the FCC webpage ([www.fcc.gov.com](http://www.fcc.gov.com)) or by requesting FCC Form 160 through the FCC forms webpage ([www.fcc.gov/formpage.html](http://www.fcc.gov/formpage.html)).

(12) **FCC Use Only**

**(You must complete Section A - Block 11: FCC Registration Number)**

#### SECTION B

##### COMPLETE THIS SECTION IF THE PAYER AND APPLICANT ARE DIFFERENT

(13) **Applicant Name** - Enter the name (last, first, middle initial) as it appears on the original application or filing being submitted. **Applicant** includes Licensees, Regulatees or Debtors. If you are using this form to pay for multiple applicants with a single remittance, each applicant must be listed separately using the continuation sheet - Form 159-C. **(If the name is the same as the payer (block 2), it is not necessary to fill out this section. MOVE TO SECTION C.)**

(14) **Street Address Line 1** - The street address or post office box number to which correspondence should be sent.

(15) **Street Address Line 2** - This line may be used if further identification of the address is required.

(16) **City** - The name of the city associated with the street address given in (14).

(17) **State** - If the applicant has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the applicant has a mailing address outside the United States, leave this section blank.

(18) **ZIP Code** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(19) **Daytime Telephone Number** - Enter the applicant's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. This daytime number should be the number where you can be reached during normal business hours.

(20) **Country Code** - This section is for applicants who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information, contact the Mailing Requirements Dept. of the U.S. Postal Service.

(21) **Applicant (FRN)**. Enter the applicant's ten-digit number FRN assigned by the Commission Registration System (CORES). The FRN is a unique entity identifier for everyone doing business with the Commission. The FRN can be obtained electronically through the FCC webpage ([www.fcc.gov.com](http://www.fcc.gov.com)) or by requesting FCC Form 160 through the FCC forms webpage ([www.fcc.gov/formpage.html](http://www.fcc.gov/formpage.html)).

(22) **FCC Use Only**

**(You must complete Section B - Block 21: FCC Registration Number)**

### SECTION C

(23) **Call Sign/Other ID** - Enter an applicable call sign or unique FCC identifier, if any, as prescribed by the appropriate FCC Fee Filing Guide or Public Notice.

(24) **Payment Type Code** - Enter the appropriate payment type code for the service you are requesting as found in the appropriate FCC Fee Filing Guide or Public Notice.

**(Incorrect or omitted payment type codes may result in your application or filing being returned to you without further processing.)** You are allowed to file multiple actions on one FCC Form 159. There are three ways "multiple actions" are defined. The following examples provide instructions on how multiple actions should be filed when using FCC Forms 159 & 159-C:

(i) If a single service allows for a quantity of more than one of the same action, as defined in the appropriate FCC Fee Filing Guide or Public Notice, complete Section C (e.g., if you are filing an ownership report in the mass media services you may pay for both your AM & FM stations using the same payment type code and a quantity of two as long as it can be filed in the same lockbox). Blocks **28 & 29** are only to be completed when required by the Bureau/Office or by Public Notice.

(ii) If you are filing concurrent actions (not the same actions) in the same lockbox, on the same application, refer to the appropriate FCC Fee Filing Guide or Public Notice for specific instructions as to the number of quantities allowed. Complete Section C (e.g., you may file a regulatory fee for a CARS license and Broadcast Auxiliary license or you may file a regulatory fee for a mass media service and a common carrier service on the same FCC Form 159 by using the designated payment type codes, and quantities as defined by the Public Notice). Complete a separate item for each action required. Blocks **28 & 29** are only to be completed when required by the Bureau/Office or by Public Notice.

(iii) If a single Remittance Advice is used to pay for more than one applicant, licensee, regulatee or debtor, for permitted action(s) in the same lockbox, then a Continuation Sheet (159-C) must be completed for each applicant, licensee, regulatee or debtor (e.g., if you are paying for different applicants submitting separate Domestic 214 Applications in the common carrier services, they can all be filed on one FCC Form 159 as long as they are filed in the same lockbox). A separate FCC Form 159 must be completed and submitted for each applicant. Blocks **28 & 29** are only to be completed when required by the Bureau/Office or by Public Notice.

Remember, if any of these additional applications fall into category (i) or (ii) above, you can follow those instructions. Make sure to check the appropriate FCC Fee Filing Guide or Public Notice for any special filing stipulations that may apply.

(25) **Quantity** - Enter the total number of actions required with this submission. Refer to the FCC Fee Filing Guide or Public Notice for information concerning multiple requests.

(26) **FEE Due for (PTC)** - Enter the fee due for the PTC listed in item 24.

(27) **Total Fee** - Enter the total fee due by multiplying Block 25 (Quantity) times Block 26 (Fee Due for PTC).

(28) **FCC Code 1** - This section is used for special filing codes as required by the Bureau/Office or Public Notice. Do not complete this block unless instructed to do so.

(29) **FCC Code 2** - This section is used for special filing codes as required by the Bureau/Office or Public Notice. Do not complete this block unless instructed to do so.

### SECTION D

(30) **Certification Statement** - This section must be completed and signed. Failure to do so may delay the processing of your application/filing.

### **SECTION E**

(31) **Credit Card Payment Information** - If remitting payment by credit card, place an "x" in the appropriate block for the credit card being used - MasterCard, Visa, AMEX, or Discover. Enter your credit card number and expiration date (For example: (mm/yyyy)). Sign and date the FCC Form 159 to authorize your credit card payment. (If any area required for credit card approval is incomplete, the application will be returned unprocessed.)

### **Form 159-C FCC Remittance Advice Continuation Sheet**

Use this form for any additional services pertaining to this filing or if you are paying for multiple applicants with a single payment. (See Sections B and C of the instructions to assist you in completing this form). For each additional applicant listed in Section BB of the FCC Form 159-C, you must complete Section BB - Block 21: FCC Registration Number. Each additional applicant must use a separate Form 159-C.

**Note: Checks must be denominated in U.S. Currency and deposited in an U.S. financial institution. No checks drawn on a foreign bank will be accepted.**

### **NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1995**

The solicitation of the personal information requested in this form is authorized by the Communications Act, Sections 8 & 9, and the Debt Collection Improvement Act of 1996. P.L. 104-134. This form will be used primarily to capture information to maintain required accounts receivable, and collect fines and debts due the Commission. As part of the Debt Collection Improvement Act, agencies are authorized to refer specific Taxpayers Identification information which includes Employers Identification Numbers and Social Security Numbers to the Department of Treasury for further investigation and possible enforcement of a statute, rule, regulation or order. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. If information requested on the form is not provided, processing of the application/filing may be delayed or returned without action pursuant to Commission rules.

If you owe a past due debt to the Federal Government, the Taxpayer Identification Number (such as your Social Security Number) and other information you provide may also be disclosed to the Department of the Treasury, Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

We have estimated that each response to this collection of information will take, on average, 30 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually review and complete the form. If you have any comments on this estimate, or on how we can improve the collection of this data to reduce the burden it causes you, please write the Federal Communication Commission, AMD-PERM, Washington, DC 20554, Paperwork Reduction Project (3060-0589). We will also accept your comments via the Internet if you send them to [jboley@fcc.gov](mailto:jboley@fcc.gov). Please **DO NOT SEND COMPLETED APPLICATION FORMS 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 or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0589.

This notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974, 5 U.S.C. Section 552a(e) (3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.

# Sterling Communications, Inc.

~ Whenever there are opportunities to take shortcuts, we don't. ~

**P.O. Box 1877  
LaFayette, GA 30728  
(706) 397-8744**

January 28, 2022

## **RE: KOHI Saint Helens, OR Facility ID. 70467 STA Extension Request**

To Whom It May Concern,

We have been asked by The Mountain Broadcasting LLC (“Mountain”), licensee of KOHI 70467 to request an extension to STA BSTA-20200302AAI.

The Mountain Broadcasting LLC, licensee of KOHI (AM) has received permission from the city to build the new tower on the same parcel of available property for which the STA equipment is operating at this time.

KOHI is requesting an extension of this STA as they are raising funds for the tower build out. The licensee anticipates submittal of a 301 minor to this new location very shortly.

The licensee provides the former exhibits from the initial STA request herein.

Original circumstances warranting this STA request.

The land owner has required the licensee of KOHI to disassemble and remove the tower and all apparatus belonging to KOHI. The licensee request The FCC to grant this STA for emergency operations until a better property can be located. KOHI is temporarily operating during daytime hours at 50 watts, and at night at 5 watts to meet city of license requirements

Respectfully,



Charles Burkhardt, Chief Engineer  
Sterling Communications, Inc.  
CHB/mlc

[www.christianradiohome.com](http://www.christianradiohome.com)  
E-mail: [sterlingtoddb@gmail.com](mailto:sterlingtoddb@gmail.com)

I certify that no negative effects will arise, either from the dismantling of the current tower or the construction and placement of the new tower, to the reception of any public safety communication, or to the reception of any radio, television, or other communication service.

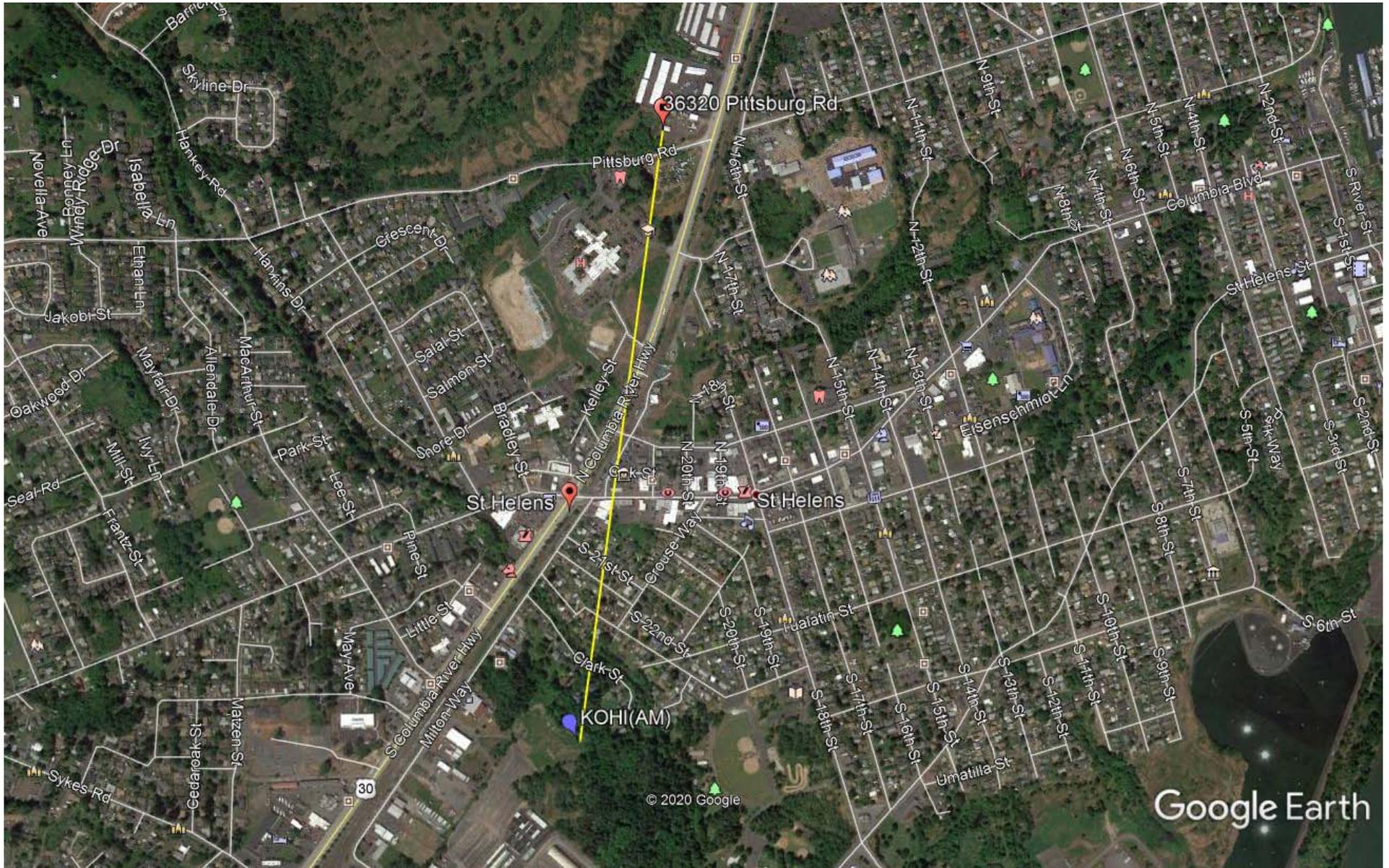
## Exhibit 34 Figure 1 Aerial Photo of the Emergency STA Operations

Exhibit 16 explanation - The temporary broadcast transmit site for KOHI is at 45-51-58.13 N x 122-49-06.38 W (NAD 83). The "power in" location for the transmitter is at the NE point of the red line indicated above upon the Google Earth map. This red line, as described above is indicative of the wire setup for emergency operation. This is a #8 wire, beginning at the SW building corner at a height of 30' and extending 120' at a 45 degree angle to a tree SW of that point at 8'. This emergency wire is insulated at both ends, and fed with coax from the transmit building. Multiple signs shown on the perimeter fencing with store purchased "High Voltage" and "No Trespassing" signs. "RF Radiation" warning signs on order and will be installed as quickly as received.

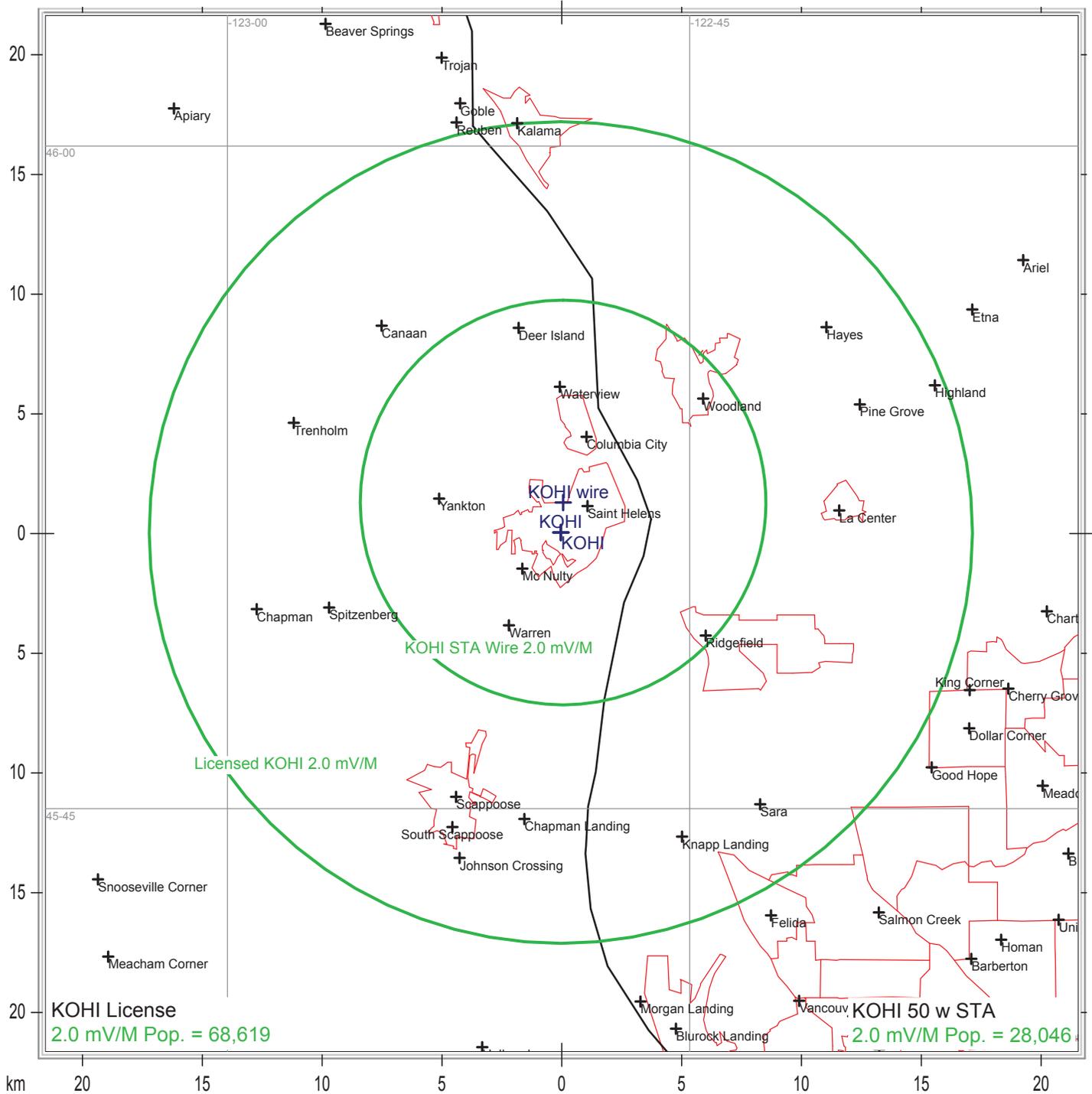


## Exhibit 34 Figure 2 Aerial Photo of the Emergency STA Operations

This location is only .86 miles NNE, from the original KOHI broadcast tower location at 7.95 degrees, as indicated in the following map.



KOHI 50 watt STA 2.0 mV/M in Relation to Licensed KOHI 2.0 mV/M - 1600 kHz



**Exhibit 34 Figure 1**

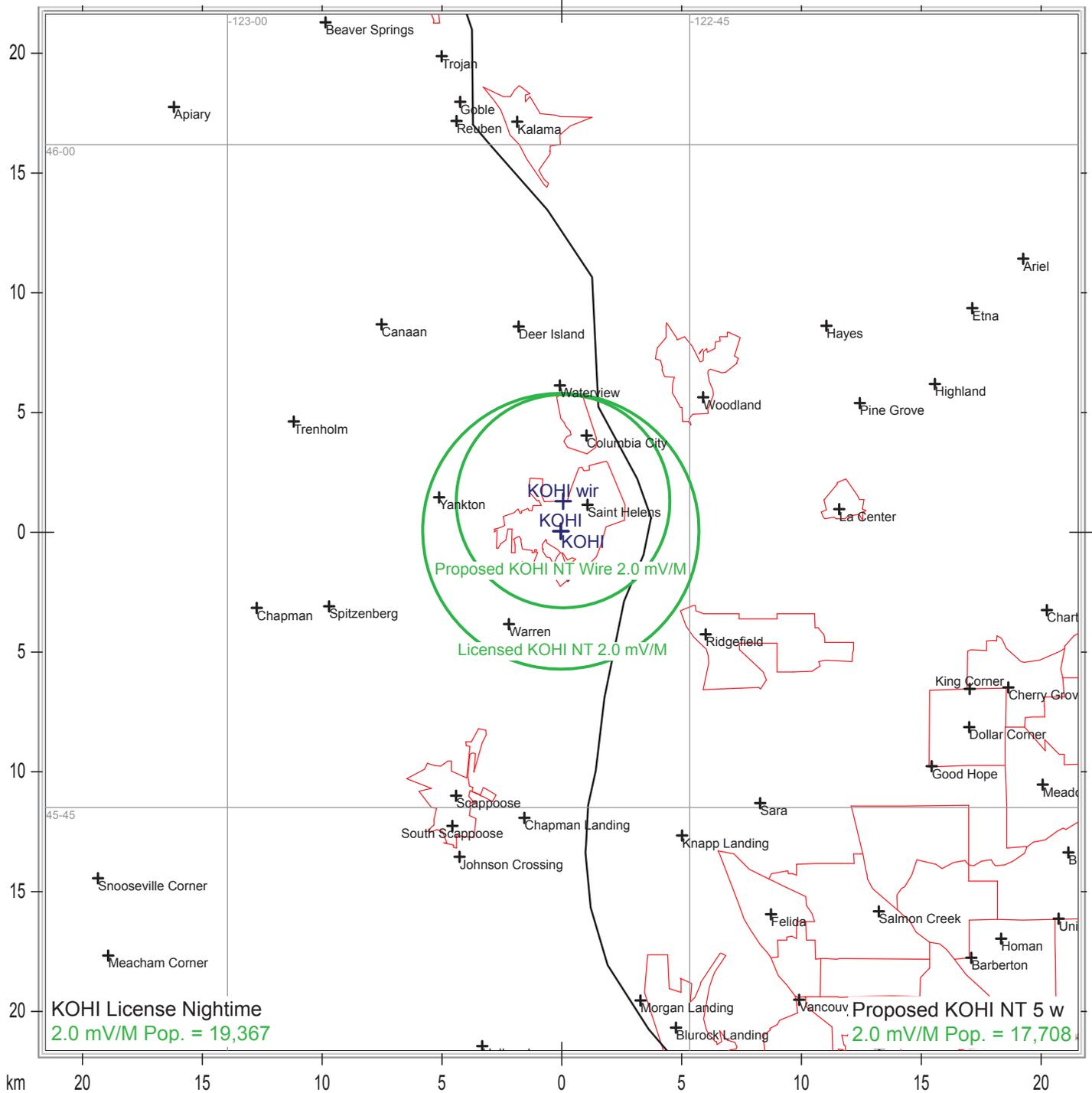
**The Mountain Broadcasting LLC  
Emergency Operations  
St. Helens, Oregon**

KOHI  
45-51-15.0 N  
122-49-11.0 W  
ERP = 1 kW  
Licensed Location

Proposed KOHI STA  
45-51-58.7 N  
122-49-02.0 W  
ERP = 50 W  
36320 Pittsburg Rd

State Borders    City Borders    Lat/Lon Grid

Nighttime KOHI 5 watt 2.0 mV/M in Relation to Licensed KOHI 2.0 mV/M - 1600 kHz



**Exhibit 34 Figure 2**  
**The Mountain Broadcasting LLC**  
**Emergency Operations**  
**St. Helens, Oregon**

KOHI Nighttime  
 45-51-15.0 N  
 122-49-11.0 W  
 ERP = 12 W  
 Licensed Location

Proposed KOHI LN  
 45-51-58.7 N  
 122-49-02.0 W  
 ERP = 5 W  
 36320 Pittsburg Rd

State Borders      City Borders      Lat/Lon Grid

## Anti-Drug Abuse Act Certification

All requests for [Special Temporary Authority \(/media/radio/special-temporary-authority\)](#) and other non-application-form (e.g., letter) requests must include the Anti-Drug Abuse Act Certification set forth below. The certification may be included in the request itself or attached to the request (you may print and use this page as an attachment). It must be signed by an officer of the corporation or organization.

Answer YES if all parties to the application are in compliance with Section 5301 of the *Anti-Drug Abuse Act of 1988*, 21 U.S.C. Section 862, the federal law which provides federal and state court judges the discretion to deny federal benefits to individuals convicted of offenses consisting of the distribution of controlled substances. For a definition of "party" for these purposes, see [47 C.F.R. Section 1.2002\(b\) \(http://www.ecfr.gov/cgi-bin/retrieveECFR?ty=HTML&h=L&n=pt47.1.1&r=PART#se47.1.1.12002\)](#). See also *Amendment of Part 1 of the Commission's Rules to Implement Section 5301 of the Anti-Drug A Act of 1988*, 6 FCC Rcd 7551, 57 Fed. Reg. 00186 (1991).

    X     YES      NO     

By checking yes, the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a party for these purposes, see 47 C.F.R. Section 1.2002(b).

I certify that the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

The Mountain Broadcasting LLC

Name of Applicant

Martin C. Rowe 2/1/22

Signature and Date

Martin C. Rowe

Printed Name of Person Signing

President

Title

KOHI(AM) STA Extension

Call Sign of Station and Type of Request (Special Temporary Authority, etc.)