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

Section I - General Information

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| 1. | Legal Name of the Applicant FOUR CORNERS BROADCASTING LLC | | |
| | Mailing Address 190 TURNER SUITE G | | |
| | City DURANGO | State or Country (if foreign address) CO | Zip Code 81303 - |
| | Telephone Number (include area code) 9702594444 | | E-Mail Address (if available) WARD@FRONTIER.NET |
| | FCC Registration No 0003779816 | Call Sign KRSJ | Facility ID Number 22036 |
| 2. | Contact Representative (if other than licensee/permittee) DAVINA SASHKIN, ESQ. | | Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C. |
| | Mailing Address 1300 N 17TH STREET, 11TH FLOOR | | |
| | City ARLINGTON | State or Country (if foreign address) VA | ZIP Code 22209 - |
| | Telephone Number (include area code) 7038120458 | | E-Mail Address (if available) SASHKIN@FHHLAW.COM |
| 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: FM | | |
| 5. | Community of License: City: DURANGO State: CO | | |
| 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

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| 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 1] |
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|-------|---|-------|---------|-------|---------|-------|---------|-------|---|-------|----------------|-------|
| | <input type="radio"/> Antenna system authorized by Construction Permit: - Describe requested modes of operation [Exhibit 2] | | | | | | | | | | | |
| | <input type="radio"/> Other antenna system: (Complete Items 7.1 - 7.11) | | | | | | | | | | | |
| 7.1. | Channel Number: 263 | | | | | | | | | | | |
| 7.2. | Antenna Location Coordinates: (NAD 27) Latitude: Degrees 37 Minutes 15 Seconds 47 <input checked="" type="radio"/> North <input type="radio"/> South Longitude: Degrees 107 Minutes 53 Seconds 46 <input checked="" type="radio"/> West <input type="radio"/> East | | | | | | | | | | | |
| 7.3. | Antenna Structure Registration Number: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Notification filed with FAA | | | | | | | | | | | |
| 7.4. | Overall Tower Height Above Ground Level: | | | | | | | | 61meters | | | |
| 7.5. | Height of Radiation Center Above Mean Sea Level: | | | | | | | | 2385 meters(H) | | 2385 meters(V) | |
| 7.6. | Height of Radiation Center Above Ground Level: | | | | | | | | 46meters(H) | | 46meters(V) | |
| 7.7. | Height of Radiation Center Above Average Terrain: | | | | | | | | 110meters(H) | | 110meters(V) | |
| 7.8. | Effective Radiated Power: | | | | | | | | 0.0505 kW(H) | | 0.0505 kW(V) | |
| 7.9. | Maximum Effective Radiated Power: <input checked="" type="checkbox"/> Not Applicable (Beam-Tilt Antenna ONLY) | | | | | | | | kW(H) | | kW(V) | |
| 7.10. | Directional Antenna Relative Field Values: <input checked="" type="checkbox"/> Not applicable (Nondirectional) Rotation (Degrees): 0 <input checked="" type="checkbox"/> No Rotation | | | | | | | | | | | |
| | Degrees | Value | Degrees | Value | Degrees | Value | Degrees | Value | Degrees | Value | Degrees | Value |
| | 0 | | 10 | | 20 | | 30 | | 40 | | 50 | |
| | 60 | | 70 | | 80 | | 90 | | 100 | | 110 | |
| | 120 | | 130 | | 140 | | 150 | | 160 | | 170 | |
| | 180 | | 190 | | 200 | | 210 | | 220 | | 230 | |
| | 240 | | 250 | | 260 | | 270 | | 280 | | 290 | |
| | 300 | | 310 | | 320 | | 330 | | 340 | | 350 | |
| | Additional Azimuths | | | | | | | | | | | |
| 7.11. | 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. 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 3] | | | |
| 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 4] | | | |
| 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.

| | | |
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| Name WARD HOLMES | Relationship to Applicant (e.g., Consulting Engineer) REGIONAL MANAGER | |
| Signature | Date (mm/dd/yyyy) 8/12/2019 | |
| Mailing Address 190 TURNER DRIVE UNIT G | | |
| City URANGO | State or Country (if foreign address) CO | Zip Code 81303 - |
| Telephone Number (No dashes or parentheses, include area code) 8702594444 | E-Mail Address (if available) WARD@RADIODURAANGO.COM | |

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 WARD S HOLMES | Typed or Printed Title of Person Signing WARD S HOLMES |
| Signature | Date (mm/dd/yyyy) 8/12/2019 |

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 4

Description: KRSJ RETROFIT IN PROGRESS

WE HAVE BEEN TRYING TO DO A RETROFIT ON OUR CONTINENTAL TRANSMITTER FOR THE LAST WEEK. IT OPERATED FOR 1 DAY (SATURDAY 8/10/2019). ON SUNDAY 8/11/2019 THE SYSTEM FAILED. WE HAVE MADE ARRANGMENTS FOR ASSISTANCE FROM CONTINENTAL FOR THE WEEK OF 8/26/2019 TO ADDRESS THESE PROBLEMS. UNTIL THIS HAPPENS WE WILL BE OPERATING AT REDUCED POWER.

Attachment 4
