

JAN 12 2018

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READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING**FCC US BANK**  
FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**  
FORM 159Approved by OMB  
3060-0589  
Page No. 1 of 2

(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>HIGH PLAINS RADIO NETWORK, LLC</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>700.00</b>	
(4) STREET ADDRESS LINE NO. 1 <b>3218 QUENCY STREET</b>			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY <b>PLAINVIEW</b>		(7) STATE <b>TX</b>	(8) ZIP CODE <b>79072</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>806-777-8542</b>		(10) COUNTRY CODE (if not in U.S.A.)	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(11) PAYER (FRN) <b>0018346163</b>		(12) FCC USE ONLY	
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 <b>HIGH PLAINS RADIO NETWORK, LLC</b>			
(14) STREET ADDRESS LINE NO. 1 <b>3218 QUENCY STREET</b>			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY <b>PLAINVIEW</b>		(17) STATE <b>TX</b>	(18) ZIP CODE <b>79072</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>806-777-8542</b>		(20) COUNTRY CODE (if not in U.S.A.)	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(21) APPLICANT (FRN) <b>0018346163</b>		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID <b>KZYP</b>	(24A) PAYMENT TYPE CODE <b>MMR</b>	(25A) QUANTITY <b>1</b>	
(26A) FEE DUE FOR (PTC) <b>\$700.00</b>	(27A) TOTAL FEE <b>700.00</b>	FCC USE ONLY	
(28A) FCC CODE 1		(29A) FCC CODE 2	
(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>			
CERTIFICATION STATEMENT I, <u>Monte Spedon</u> , 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 <u>Monte Spedon</u>		DATE <u>12-5-17</u>	
<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 _____	

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FCC Mailroom

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**FCC 302-AM**  
**APPLICATION FOR AM**  
**BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

BL-2018012ABG

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FINANCIAL OPERATIONS  
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**SECTION I - APPLICANT FEE INFORMATION**

1. PAYOR NAME (Last, First, Middle Initial)

High Plains Radio Network, LLC

MAILING ADDRESS (Line 1) (Maximum 35 characters)

3218 Qunicy Street

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Plain view

STATE OR COUNTRY (if foreign address)

TX

ZIP CODE

79072

TELEPHONE NUMBER (include area code)

806-777-8542

CALL LETTERS

KZYP

OTHER FCC IDENTIFIER (If applicable)

2. A. Is a fee submitted with this application?

☐ Yes ☒ No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section

☐ Governmental Entity

☐ Noncommercial educational licensee

☒ Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

(A)

FEE TYPE CODE		
M	M	R

(B)

FEE MULTIPLE			
0	0	0	1

(C)

FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$ 700.00

FOR FCC USE ONLY

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

--	--	--

(B)

0	0	0	1
---	---	---	---

(C)

\$
----

FOR FCC USE ONLY

ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED WITH THIS APPLICATION

\$ 700.00

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<b>SECTION II - APPLICANT INFORMATION</b>		
1. NAME OF APPLICANT High Plains Radio Network, LLC		
MAILING ADDRESS 3218 Quincy Street		
CITY Plain view	STATE TX	ZIP CODE 79072

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2. This application is for:

- ☐ Commercial
 ☐ Noncommercial  
☐ AM Directional
 ☒ AM Non-Directional

Call letters KZYP	Community of License Malvern, AR	Construction Permit File No. BP-20150616ACU	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit 09/30/2018
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

☒ Yes ☐ No

If No, explain in an Exhibit.

Exhibit No.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

☒ Yes ☐ No

If No, state exceptions in an Exhibit.

Exhibit No.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

☐ Yes ☒ No

If Yes, explain in an Exhibit.

Exhibit No.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

☒ Yes ☐ No

☐ Does not apply

If No, explain in an Exhibit.

Exhibit No.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☒ No

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

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8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

☐ Yes ☒ No

If Yes, provide particulars as an Exhibit.

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Exhibit No.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

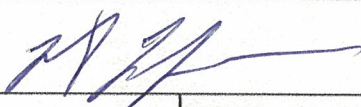
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

### CERTIFICATION

1. 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. Section 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).

☒ Yes ☐ No

2. I 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.

Name MONTE SPEARMAN	Signature 	
Title MEMBER	Date 11-1-17	Telephone Number 806-777-8542

**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**

### FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.



## SECTION III - LICENSE APPLICATION ENGINEERING DATA

Received &amp; Inspected

Name of Applicant

High Plains Radio Network, LLC

DEC 13 2017

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)

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Station License



Direct Measurement of Power

## 1. Facilities authorized in construction permit

Call Sign	File No. of Construction Permit (if applicable)	Frequency (kHz)	Hours of Operation	Power in kilowatts	
KZYP	BP-20150616ACU	1310	Daytime	Night	Day
					1000

## 2. Station location

State AR	City or Town Malvern
-------------	-------------------------

## 3. Transmitter location

State AR	County Hot Spring	City or Town Malvern	Street address (or other identification) 600 Ft. West of Walco R
-------------	----------------------	-------------------------	--

## 4. Main studio location

State AR	County Clark	City or Town Arkadelphia	Street address (or other identification) 601 South 7th Street
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## 5. Remote control point location (specify only if authorized directional antenna)

State	County	City or Town	Street address (or other identification)
-------	--------	--------------	---

6. Has type-approved stereo generating equipment been installed?



Yes



No

7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68?



Yes



No



Not Applicable

Attach as an Exhibit a detailed description of the sampling system as installed.

Exhibit No.

## 8. Operating constants:

RF common point or antenna current (in amperes) without modulation for night system DNA		RF common point or antenna current (in amperes) without modulation for day system 3.46	
Measured antenna or common point resistance (in ohms) at operating frequency Night DNA	Day 83.6	Measured antenna or common point reactance (in ohms) at operating frequency Night DNA	Day +j158

## Antenna indications for directional operation

Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day

Manufacturer and type of antenna monitor:

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# SECTION III - Page 2

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Guyed Tower	64.01	64.71	65.5	Exhibit No.

Excitation



Series



Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude	34	°	22	'	25	"	West Longitude	92	°	49	'	48	"
----------------	----	---	----	---	----	---	----------------	----	---	----	---	----	---

ully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

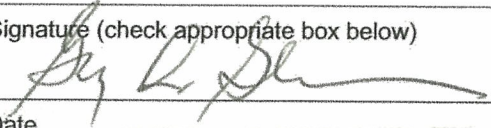
Exhibit No.

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

DNA

11. Give reasons for the change in antenna or common point resistance.

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) GARY GRAHAM	Signature (check appropriate box below) 
Address (include ZIP Code) POB 3030 WEATHERFORD, TX 76086	Date 11/01/2017
	Telephone No. (Include Area Code) 979-255-3615



Technical Director



Registered Professional Engineer



Chief Operator



Technical Consultant



Other (specify)

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## FEDERAL COMMUNICATIONS COMMISSION

Washington, DC 20554

High Plains Radio Network, LLC  
3218 Quincey Street  
Plain View, TX 79072

11/21/17

Re: FRN \_\_\_\_\_  
Call Sign/ID \_\_\_\_\_  
FCC Code #1 \_\_\_\_\_  
FCC Code #2 \_\_\_\_\_

Dear FCC Customer:

Re: Return of Unprocessable Application

This is to notify you that your application package is being returned for the following reasons:

- ( ) No application/filing accompanied your submission.
- ( ) No remittance accompanied your submission. Please refer to the appropriate Fee Filing Guide
- ( ) The remittance for payment type code \_\_\_\_\_ is now \$ \_\_\_\_\_.
- ( ) Your check is not acceptable for this reason \_\_\_\_\_.
- ( ) Multiple checks for a single application are not accepted, please send one check for \$ \_\_\_\_\_.
- ☒ No remittance advice (FCC Form 159) accompanied your submission.
- ( ) The payment type code is needed.
- ( ) The remittance advice form (FCC Form 159) is incomplete.
- ( ) The credit card section of FCC Form 159 Remittance Advice needs \_\_\_\_\_ Expiration date \_\_\_\_\_ Signature.
- ( ) Block 3 must be completed (please enter \$ \_\_\_\_\_) to authorize a credit charge, only the credit card holder can complete this item.
- ( ) Your credit card was denied by Authorizations; please confirm or correct card number.
- ( ) Your credit card was declined; if any question, please contact bank that issued card.
- ( ) The FCC Form 159, Remittance Advice, used is obsolete. Please use the July 2005 edition. See enclosed Public Notice for further information.
- ( ) The Payer/Applicant FCC Registration Number (FRN) is missing from the Form 159. This number is required in order to process your filing. See enclosed News Release for further assistance.
- ( ) Payment for your electronically filed application cannot be processed without the confirmation number in the FCC Code 2 block of the FCC Form 159. Payment must be received within 10 business days from the receipt date of your electronically filed application to avoid dismissal. If payment is not received within 10 days, you must file another electronically filed application, properly complete a FCC Form 159, which includes the required confirmation number, and send another payment.**
- ( ) Other.

Please refer to the enclosed Fee Filing Guide for further instructions, and mail your corrected application, remittance advice form and payment to the appropriate P.O. Box in St. Louis, MO.

If you have further questions, please contact the FCC at 202-418-1995.

Sincerely,

FCC Financial Operations

Enclosures:

Filing Guide \_\_\_\_\_

Check/Credit Card(s) # 20590 \$ 700.00FCC Form(s) 302-Am Rec'd in P.O. Box # \_\_\_\_\_

White - Applicant

Yellow - Bank

Pink - F. C. C.

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FEDERAL COMMUNICATIONS COMMISSION  
U.S. BANK APPLICATION RETURN FORM

Date:

01/09/18

Client Service Center  
U.S. Bank  
Rm. SL-MO-C3-GL  
St. Louis, MO 63101

Re: *High Plains Radio Network*

The enclosed application(s) can be processed as filed. Please refer to the following instructions:

- ☐ Use original date stamped, and stamp all receipt copies with the same date.
- ☐ Restamp application(s) and all other documents processing.
- ☐ Application was sent to the wrong location, and is being forwarded for processing
- ☒ Process application(s) in Lockbox 9089
- ☒ Process filing using Payment Type Code mmB
- ☐ Process as overpayment.

Please contact the Revenue and Receivables Operations Group at (202) 418-1995, if you have any questions.

Sincerely,

*Dee*

Revenue & Receivables Operations Group

Enclosure

*ck. #20590*  
*\$700.00*

White - Bank

Yellow - Federal Communications Commission



1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. GETTING YOUR SHIPMENT TO UPS

**Customers with a Daily Pickup**

Your driver will pickup your shipment(s) as usual.

**Customers without a Daily Pickup**

Take your package to any location of The UPS Store®, UPS Access Point™ location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations. Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages. Hand the package to any UPS driver in your area.

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455 MASSACHUSETTS AVE NW  
WASHINGTON, DC 20001

UPS Access Point™  
THE UPS STORE  
1220 L ST NW  
WASHINGTON, DC 20005

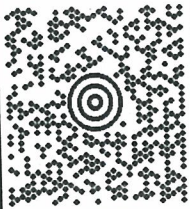
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WASHINGTON DC 20554

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Bureau/Office Name: OMD  
Your Name (First and Last Names): Shella Poster  
CS 20.0.27. WNTNVS0 93.0A 10/2017



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