



FCC Batch Control Sheet

Batch Type (circle one):

Checks - 01

Credit Card - 03

Wires - 04

PO Box: 979089

Proc Date: 2/25/19

Batch Num: 951

Yesterday: All wire FCN's are date yesterday
Today: All Credit Card FCN's are dated today

Tomorrow: All Check FCN's are dated tomorrow

*Note: FCN's on check batches processed on Friday's will have Monday's date unless Monday is a holiday then Tuesday's date is used.
FCN's for wire batches processed on Monday will have Friday's. All date stamps for wires will also be yesterday's date.*

Begin Items: 1
Manual count of Forms

Begin \$ Total: 170.00
Total from Lister tape

End Items: _____
Total from Batch Processing Screen

End \$ Total _____
Total from Batch Processing Screen

Processor: AM

Management Review:

Box Number, FCN, Additional Paperwork and/or photograph process should be verified.

Scanner: _____

Balancer: _____

MailOut: _____

Jeff
Harju
906 370 0772
nc9k@hlm.com
Com

US BANK/FCC
FEB 25 2019

Received & Initialed
JAN 30 2019
FCC Mailroom

190225 908995700

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVISE
FORM 159

Approved by OMB
3060-0589
Page No. 1 of 2

(1) LOCKBOX # 979089		SPECIAL USE ONLY	
		FCC USE ONLY	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Iron River Community Broadcasting		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 170.00	
(4) STREET ADDRESS LINE NO. 1 809 W Genesee St			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Iron River		(7) STATE MI	(8) ZIP CODE 49935
(9) DAYTIME TELEPHONE NUMBER (include area code) 9069-828-3996		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0024497034		(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			
(14) STREET ADDRESS LINE NO. 1			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY		(17) STATE	(18) ZIP CODE
(19) DAYTIME TELEPHONE NUMBER (include area code)		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0024497034		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID WFER	(24A) PAYMENT TYPE CODE Check MEF	(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) \$170.00	(27A) TOTAL FEE \$170.00	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	
SECTION D - CERTIFICATION			
CERTIFICATION STATEMENT I, <u>Dwight A. Wheeler</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>[Signature]</u>		DATE <u>1-21-19</u>	
SECTION E - CREDIT CARD PAYMENT INFORMATION			
MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/>			
ACCOUNT NUMBER _____		EXPIRATION DATE _____	
I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.			
SIGNATURE _____		DATE _____	

FOR
FCC
USE
ONLY

FCC 350

Received & Inspected

2018

FCC Mailroom

APPLICATION FOR AN FM TRANSLATOR OR FM BOOSTER STATION LICENSE

FOR COMMISSION USE ONLY
FILE NO.

Section I - General Information

1. Legal Name of the Applicant <i>Iron River Community Broadcasting Corporation</i>		
Mailing Address <i>809 West Genesee St</i>		
City <i>IRON RIVER</i>	State or Country (if foreign address) <i>MI</i>	ZIP Code <i>49935</i>
Telephone Number (include area code) <i>906-828-3996</i>	E-Mail Address (if available) <i>DAVE@WFRB.COM</i>	
FCC Registration Number <i>0024497034</i>	Call Sign <i>W250CQ</i>	Facility Identifier <i>200556</i>

2. Contact Representative (if other than licensee/permittee)		Firm or Company Name	
Mailing Address			
City	State or Country (if foreign address)	ZIP Code	
Telephone Number (include area code)	E-Mail Address (if available)		

3. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114):

- Governmental Entity Noncommercial Educational Licensee Other _____

4. Facility Information:

- a. FM Translator FM Booster

b. Community or communities being served:

Community(ies)	State
<i>Iron River Midigan</i>	<i>MI</i>

FINANCIAL OPERATIONS
CENTER
2010 JAN 30 P 7:51
RECEIVED

20171207ABI

5. Purpose of Application:

- Cover construction permit (list original construction permit file number -- starts with the prefix BPFT or BPFTB):
- Modify an authorized license (list license file number -- starts with the prefix BLFT, BMLFT, BLFTB, or BMLFTB):
- Amend a pending application

If an amendment, submit as an Exhibit a listing by Section and Question Number of the portions of the pending application that are being revised.

Exhibit No.

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided. See General Instruction I.

Section 11 - Legal

- 1. **Certification.** Applicant certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Applicant further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets. Yes No

- 2. **Conditions.** Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met. Yes No See Explanation in Exhibit No.

- 3. **Changed Circumstances.** Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would cause any statement or representation contained in the construction permit application to be incorrect now. Yes No See Explanation in Exhibit No.

- 4. **Programming.** The applicant is the licensee of the primary station or the applicant certifies that written authority has been obtained from the licensee of the primary station whose programming is to be retransmitted. Yes No See Explanation in Exhibit No.

- 5. **Station ready for operation.** The applicant certifies that the station is now in satisfactory operating condition and ready for regular operation. Yes No See Explanation in Exhibit No.

- 6. **Station identification.** The applicant certifies that it will comply with applicable station identification rules. See 47 C.F.R. Sections 73.1201 and 74.1283. Yes No See Explanation in Exhibit No.

- 7. **Character Issues.** Applicant certifies that neither applicant nor any party to the application has or has had any interest in, or connection with:
 - a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or
 - b. any pending broadcast application in which character issues have been raised. Yes No See Explanation in Exhibit No.

- 8. **Adverse Findings.** Applicant certifies that, with respect to the applicant and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination. Yes No See Explanation in Exhibit No.

- 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. Yes No

RECEIVED
2010 JAN 30 P 7:52
FINANCIAL OPERATIONS
CENTER

Section III - Engineering

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

1.	Channel:	<u>249</u>		
2.	Effective Radiated Power:	<u>0.250</u> kW (H)	<u>0.250</u> kW	<u>0.250</u> kW
3.	Transmitter Power Output:	<u>0.500</u> kW		

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

CERTIFICATION

All applicants must complete this section.

- 4. **Constructed Facility.** The facility was constructed as authorized in the underlying construction permit. Yes No See Explanation in Exhibit No.

- 5. **Special Operating Conditions.** The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit. Yes No See Explanation in Exhibit No.

An Exhibit may be required. Review the underlying construction permit. Exhibit No.

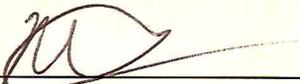
- 6. **Transmitter Power Output.** The operating transmitter power output produces the authorized effective radiated power. Yes No See Explanation in Exhibit No.

- 7. **Directional Antenna.** The facility does not use a directional antenna or the antenna is mounted in accordance with the specific instructions provided by the antenna manufacturer and is oriented in the proper direction. Yes No See Explanation in Exhibit No.

PREPARER'S CERTIFICATION ON PAGE 3 MUST BE COMPLETED AND SIGNED.

RECEIVED
2019 JAN 30 P 1:52
FINANCIAL OPERATIONS
CENTER

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. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing <i>Daniel W. Wheeler</i>	Typed or Printed Title of Person Signing <i>GM</i>
Signature 	Date <i>10-15-18</i>

SECTION III PREPARER'S CERTIFICATION

I certify that I have prepared Section III (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 <i>Leland S. Sarmont</i>	Relationship to Applicant (e.g., Consulting Engineer) <i>Consulting Engineer</i>	
Signature 	Date <i>September 19, 2018</i>	
Mailing Address <i>6371 W. Center Dr.</i>		
City <i>Hofleg</i>	State or Country (if foreign address) <i>Wisconsin</i>	ZIP Code <i>54534</i>
Telephone Number (include area code) <i>715-561-5055</i>	E-Mail Address (if available) <i>nc9k@hotmail.com</i>	

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).

RECEIVED
 2019 JAN 30 P 7 52
 FINANCIAL OPERATIONS
 CENTER

FEDERAL COMMUNICATIONS COMMISSION
U.S. BANK APPLICATION RETURN FORM

Date:

02/19/19

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

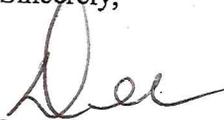
Re: Iron River Community B/C

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 MEF
- Process as overpayment.

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

Sincerely,



Revenue & Receivables Operations Group

Enclosure

cl. #1095
\$170.00

White - Bank Yellow - Federal Communications Commission

UPS CampusShip: View/Print Label

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.

UPS Access Point™
THE UPS STORE
1300 PENNSYLVANIA AVE NW
WASHINGTON, DC 20004

UPS Access Point™
THE UPS STORE
455 MASSACHUSETTS AVE NW
WASHINGTON, DC 20001

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

FOLD HERE

<p>SHEILA FOSTER 202-418-1925 FEDERAL COMMUNICATIONS COMMISS 445 12TH STREET, SW WASHINGTON DC 20554</p> <p>SHIP TO: US BANK (314) 425-1819 FCC SL-MO-C2-GL 1005 CONVENTION PLAZA SAINT LOUIS MO 63101-1229</p>	<p>0.0 LBS LTR 1 OF 1</p> <p>US BANK/FCC</p> <p>FEB 25 2019</p> <p>MO 631 9-02</p> 	<p>UPS 2ND DAY AIR</p> <p>TRACKING #: 1Z A43 F58 02 9804 5797</p> <p>2</p> 	<p>BILLING: P/P</p> <p>Bureau/Office Name: OMD Your Name (First and Last Names): Sheila Foster CS 21.00.21. WRIW50 09.0A 01/2019</p> 
--	--	---	--