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|-------|---|-------|---------|-------|---------|-------|---------|-------|---|-------|---------|-------|
| 7.3. | Antenna Location Coordinates: (NAD 27) Latitude: Degrees 45 Minutes 41 Seconds 30 <input checked="" type="radio"/> North <input type="radio"/> South Longitude: Degrees 122 Minutes 21 Seconds 41 <input checked="" type="radio"/> West <input type="radio"/> East | | | | | | | | | | | |
| 7.4. | Antenna Structure Registration Number: 1031943 <input type="checkbox"/> Not Applicable <input type="checkbox"/> Notification filed with FAA | | | | | | | | | | | |
| 7.5. | Antenna Location Site Elevation Above Mean Sea Level: 561.4 meters | | | | | | | | | | | |
| 7.6. | Overall Tower Height Above Ground Level: 46 meters | | | | | | | | | | | |
| 7.7. | Height of Radiation Center Above Ground Level: 21 meters | | | | | | | | | | | |
| 7.8. | Maximum Effective Radiated Power (ERP) Towards Radio Horizon: 15 kW | | | | | | | | | | | |
| 7.9. | Maximum ERP in any Horizontal and Vertical Angle: 15 kW | | | | | | | | | | | |
| 7.10. | Transmitting Antenna: Before selecting Directional "Off-the-Shelf", refer to "Search for Antenna Information" under CDBS Public Access (http://licensing.fcc.gov/prod/cdbs/pubacc/prod/cdbs_pa.htm). Make sure that the Standard Pattern is marked Yes and that the relative field values shown match your values. Enter the Manufacturer (Make) and Model exactly as displayed in the Antenna Search. <input type="radio"/> Nondirectional <input type="radio"/> Directional "Off-the-shelf" <input checked="" type="radio"/> Directional composite Manufacturer COE Model AC8413-50 | | | | | | | | | | | |
| | Directional Antenna Relative Field Values: <input type="checkbox"/> N/A (Nondirectional or Directional "Off-the-shelf") Rotation (Degrees): 230 <input type="checkbox"/> No Rotation | | | | | | | | | | | |
| | Degrees | Value | Degrees | Value | Degrees | Value | Degrees | Value | Degrees | Value | Degrees | Value |
| | 0 | 1 | 10 | 0.96 | 20 | 0.86 | 30 | 0.7 | 40 | 0.54 | 50 | 0.4 |
| | 60 | 0.27 | 70 | 0.13 | 80 | 0.05 | 90 | 0.03 | 100 | 0.04 | 110 | 0.05 |
| | 120 | 0.05 | 130 | 0.04 | 140 | 0.03 | 150 | 0.02 | 160 | 0.06 | 170 | 0.1 |
| | 180 | 0.1 | 190 | 0.1 | 200 | 0.06 | 210 | 0.02 | 220 | 0.03 | 230 | 0.04 |
| | 240 | 0.05 | 250 | 0.05 | 260 | 0.04 | 270 | 0.03 | 280 | 0.05 | 290 | 0.13 |
| | 300 | 0.27 | 310 | 0.4 | 320 | 0.54 | 330 | 0.7 | 340 | 0.86 | 350 | 0.96 |
| | Additional Azimuths | | | | | | | | | | | |
| 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 20] | | | |
| 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 JEFFREY S. FISHER | | Relationship to Applicant (e.g., Consulting Engineer) CONTRACT ENGINEER | |
| Signature | | Date (mm/dd/yyyy) 2/14/2013 | |
| Mailing Address 907 MARYE ST. | | | |
| City | | State or Country (if foreign address) | |
| | | Zip Code | |