

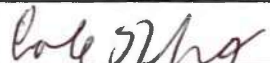
Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Extension of Existing Engineering STA Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. .

Section I - General Information

1.	Legal Name of the Applicant MENDOTA BROADCASTING, INC.		
	Mailing Address 3905 PROGRESS BLVD.		
	City PERU	State or Country (if foreign address) IL	Zip Code 61354 -
	Telephone Number (include area code) 8152242100		E-Mail Address (if available) COLE@THERADIOGROUP.NET
	FCC Registration No 0001838317	Call Sign WSPL	Facility ID Number 63535
2.	Contact Representative (if other than licensee/permittee) COE W. RAMSEY		Firm or Company Name BROOKS, PIERCE ET AL.
	Mailing Address 150 FAYETTEVILLE STREET SUITE 1700		
	City RALEIGH	State or Country (if foreign address) NC	ZIP Code 27601 -
	Telephone Number (include area code) 9198390300		E-Mail Address (if available) CRAMSEY@BROOKSPIERCE.COM
3.	Purpose: <input type="radio"/> Engineering STA <input checked="" type="radio"/> Extension of Existing Engineering STA File Number: BSTA - 20200228AAJ <input type="radio"/> Legal STA <input type="radio"/> Extension of Existing Legal STA		
4.	Service: AM		
5.	Community of License: City: STREATOR State: IL		
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)		
7.	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 33]

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 34]
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 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 COLE STUDSTILL	Typed or Printed Title of Person Signing PRESIDENT
Signature 	Date (mm/dd/yyyy) 04/07/2022

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 33

Description: ENVIRONMENTAL STATEMENT

AN EXISTING TOWER HAS BEN REDUCED TO 43 FEET OVERALL AND THE DAY POWER WILL BE REDUCED FROM 500 WATTS DIRECTIONAL TO 110 WATTS NON-DIRECTIONAL. THE EXISTING FENCE WILL CONTINUE TO PROVIDE THE REQUIRED GENERAL PUBLIC PROTECTION AT A DISTANCE OF 2 METERS.

Attachment 33

Exhibit 34

Description: STA EXTENSION REQUEST

Please see attached exhibit.

April 2022 Update: The licensee is continuing to operate WSPL(AM) pursuant to Special Temporary Authority in FCC File No. BSTA-20200228AAJ, as most recently extended in FCC File No. BESTA-20210921AAG.

WSPL(AM) is licensed to operate from a two-tower directional array. However, as noted in the licensee's underlying STA Request, the towers were partially dismantled after a tower inspection reported that the towers were unsafe and should be immediately dismantled. A 40-foot section of the south tower was retained for temporary operations pursuant to the STA.

Because replacement of the 2-tower directional array is not economically feasible, the licensee had been searching for an alternative site. That search, however, has not resulted in any economically feasible options.

The licensee is now considering converting one of its co-owned FM stations to digital and relocating WSPL(AM)'s programming to an HD2 subchannel. The licensee is evaluating which of its FM stations would be most suitable for digital broadcasting and is exploring options for an HD transmitter and HD Radio® licensing. If the licensee determines that relocating WSPL(AM)'s programming to an HD2 subchannel is the best option under the circumstances, in connection therewith the licensee will either take WSPL(AM) silent or seek to license WSPL(AM)'s current non-directional reduced-power operation.

For the foregoing reasons, the licensee respectfully requests extension of STA to continue operating WSPL(AM) non-directionally from its licensed site with the existing shortened tower and a reduced daytime power of 0.11 kW (day) and 0.035 kW (night). Further extension of STA will allow the licensee to continue to provide WSPL(AM)'s service to the public while it continues to evaluate its options for WSPL(AM) long-term.

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FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

(1) LOCK BOX # 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) Mendota Broadcasting, Inc.		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) 290.00	
(4) STREET ADDRESS LINE NO. 1 4162 E. Third Road			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Mendota		(7) STATE IL	(8) ZIP CODE 61342
(9) DAYTIME TELEPHONE NUMBER (include area code) 8152242100		(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0001838317		(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 Mendota Broadcasting, Inc.			
(14) STREET ADDRESS LINE NO. 1 4162 E. Third Road			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY Mendota		(17) STATE IL	(18) ZIP CODE 61342
(19) DAYTIME TELEPHONE NUMBER (include area code) 8152242100		(20) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0001838317		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID WSPL	(24A) PAYMENT TYPE CODE MVV		(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) 290.00	(27A) TOTAL FEE 290.00		FCC USE ONLY
(28A) FCC CODE 1 63535		(29A) FCC CODE 2 CDBS20220408AAB	
(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, _____, 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 _____			
SECTION E - CREDIT CARD PAYMENT INFORMATION			
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 _____			

**FCC Registration**

Commission Registration System (CORES)

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Online Payment Confirmation

[Print](#)

Online Payment Information

Total Amount	\$290.00
Payer FRN	0001838317
Payer Name	0001838317
Remittance ID	3773420
Treasury Tracking ID	26VM1920

Thank you for your payment!

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For assistance, please submit a help request at <https://www.fcc.gov/wireless/available-support-services> or call 877-480-3201 (Mon.-Fri. 8 a.m.-6 p.m. ET).