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October 12, 2017

ACCEPTED/FILED

Honorable Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
Washington, DC 20554

OCT 12 2017

Federal Communications Commission
Office of the Secretary

Attention: Audio Division, Media Bureau

RE: Catholic Radio Network, Inc.
FRN 0011-0276-38
KEXS(AM), Excelsior Springs, Missouri
Facility ID # 14620
Application for License to Cover
File No. BP-20170516AAD

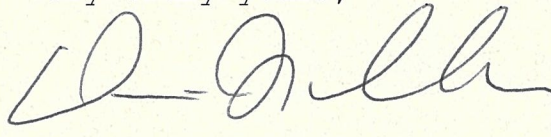
Dear Madame Secretary:

On behalf of our client Catholic Radio Network, Inc., this is to submit in triplicate an application on FCC Form 302-AM for a covering license for the facilities for AM Broadcast Station KEXS, Excelsior Springs, Missouri authorized on August 31, 2017 in File No. BP-20170516AAD.

As the applicant is a non-profit corporation and as Station KEXS is a "non-commercial, educational" AM station, this application is non-feeable pursuant to Section 1.1116(c) of the Commission's Rules.

Should additional information be desired in connection with the above matter, kindly communicate with this office.

Very truly yours,



Dennis J. Kelly

0011027638

FOR
FCC
USE
ONLY

FCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

BL-20171012AEP

ACCEPTED/FILED
OCT 12 2017
Federal Communications Commission
Office of the Secretary

SECTION I - APPLICANT FEE INFORMATION

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

CATHOLIC RADIO NETWORK, INC.

FRN: 0011-0276-38

MAILING ADDRESS (Line 1) (Maximum 35 characters)

1400 NE 42nd Terrace

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Kansas City

STATE OR COUNTRY (if foreign address)

MO

ZIP CODE

64116

TELEPHONE NUMBER (include area code)

816-455-0532

CALL LETTERS

KEXS

OTHER FCC IDENTIFIER (If applicable)

14620

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		

(B)

FEE MULTIPLE			
0	0	0	1

(C)

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

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

\$

FOR FCC USE ONLY

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT Catholic Radio Network, Inc.		
MAILING ADDRESS 1400 NE 42nd Terrace		
CITY Kansas City	STATE MO	ZIP CODE 64116

2. This application is for:

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

Call letters KEXS	Community of License Excelsior Springs, MO	Construction Permit File No. BP-20170516AAD	Modification of Construction Permit File No(s). n/a	Expiration Date of Last Construction Permit 08/31/2020
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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.

PROGRAM TEST AUTHORITY IS HEREBY REQUESTED.

Exhibit No.
Engineering

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.

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?

If Yes, provide particulars as an Exhibit.

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).

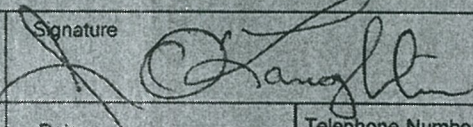
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

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 James E. O'Laughlin	Signature 	
Title President	Date 10/05/2017	Telephone Number 816-455-0532

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

Name of Applicant

Catholic Radio Network, Inc.

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)



Station License



Direct Measurement of Power

1. Facilities authorized in construction permit					
Call Sign KEXS	File No. of Construction Permit (if applicable) BP-20170516AAD	Frequency (kHz) 1090	Hours of Operation Daytime	Power in kilowatts	
				Night n/a	Day 10.0
2. Station location			Critical Hours: 4.0 kW		
State Missouri		City or Town Excelsior Springs			
3. Transmitter location					
State MO	County Clay	City or Town Excelsior Springs		Street address (or other identification) 11112 Watkins Road	
4. Main studio location					
State MO	County Jackson	City or Town Kansas City		Street address (or other identification) 1400 NE 42nd Terrace	
5. Remote control point location (specify only if authorized directional antenna)					
State MO	County Jackson	City or Town Kansas City		Street address (or other identification) 1400 NE 42nd Terrace	

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 n/a			RF common point or antenna current (in amperes) without modulation for day system DAY: 14.51 CH: 9.30			
Measured antenna or common point resistance (in ohms) at operating frequency Night n/a			Measured antenna or common point reactance (in ohms) at operating frequency Night n/a			
Day DAY: 50 CH: 50			Day DAY: -6; CH -6			
Antenna indications for directional operation						
Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	CH	Day	CH	Day	Night	Day
Tower #1	142.0	142.0	0.651	0.651		
Tower #2	0.0	0.0	1.000	1.000		
Tower #3	-172.6	-172.6	0.568	0.568		
Manufacturer and type of antenna monitor: Potomac Instruments 1901-3						

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 Vertical, Steel Guyed Uniform Cross Section	Overall height in meters of radiator above base insulator, or above base, if grounded. 55.2	Overall height in meters above ground (without obstruction lighting) 57.3	Overall height in meters above ground (include obstruction lighting) 57.3	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. <div>Exhibit No. n/a</div>
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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 39 ° 17 ' 39 "	West Longitude 94 ° 15 ' 37 "
--	--

If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.
n/a

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

Exhibit No.
n/a

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

No Changes.

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

n/a

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) Ben Weiss	Signature (check appropriate box below) <i>Benton H. Weiss</i>
Address (include ZIP Code) 1400 NE 42nd Terrace Kansas City, MO 64116	Date 09/07/2017
	Telephone No. (Include Area Code) 816-455-0532

☒ Technical Director

☐ Registered Professional Engineer

☐ Chief Operator.

☐ Technical Consultant

☐ Other (specify)