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FCC/MELLON

APR 01 2005

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March 31, 2005

VIA FEDERAL EXPRESS

Federal Communications Commission
ATTN: Ms. Marlene H. Dortch, Secretary
c/o Mellon Client Service
500 Ross Street
Suite 670
Pittsburgh, PA 15262

Re: Birach Broadcasting Corporation
WPON(AM)
Facility ID No. 22045

Dear Ms. Dortch:

This letter constitutes a request for a Special Temporary Authority for my client, Birach Broadcasting Corporation, the licensee of AM Broadcast Station WPON, Walled Lake, Michigan.

Station WPON is operating on a leased site. The owner of the site is redeveloping the land for housing. Over the objections of Birach Broadcasting Corporation, the owner has destroyed some of the feed lines and other appurtenances associated with the daytime and nighttime directional antenna systems and the client has been forced to operate non-directionally, with power reduced to 25% of the licensed power, day and night.

The client has obtained a construction permit for another site, but cannot move to that site until clearance is obtained from local authorities. In the meantime, to keep Station WPON on the air, and to retain its service to the public, I respectfully request that you issue a Special Temporary Authority for Station WPON to operate non-directionally, with power reduced to 25% of licensed value.

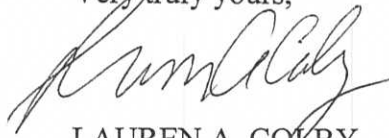
Under current Commission policy, an attorney can furnish the Anti-Drug Abuse Act Certification. In this case of Birach Broadcasting Corporation, I can and do affirmatively certify to the following:

Ms. Marlene Dortch
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The licensee certifies that the licensee is not subject to denial of federal benefits that include FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862.

This request requires a filing fee of \$150.00, and I am enclosing my personal check in that amount.

Very truly yours,

A handwritten signature in black ink, appearing to read "Lauren A. Colby", written over the typed name.

LAUREN A. COLBY
Attorney

LAC/kam

Enclosure

cc: Mr. Sima Birach (via facsimile)
Mr. Wayne Reese (via facsimile)
Mr. Charles N. Miller (via facsimile)

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
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(1) LOCKBOX #		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) LAUREN A. COLBY		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$150.00	
(4) STREET ADDRESS LINE NO. 1 10 East Fourth Street			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Frederick		(7) STATE MD	(8) ZIP CODE 21701
(9) DAYTIME TELEPHONE NUMBER (include area code) 301-663-1086		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0005-8500-45		(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 BIRACH BROADCASTING CORPORATION			
(14) STREET ADDRESS LINE NO. 1 21/00 Northwestern Highway			
(15) STREET ADDRESS LINE NO. 2 Tower 14, Suite 1190			
(16) CITY Southfield		(17) STATE MI	(18) ZIP CODE 48075
(19) DAYTIME TELEPHONE NUMBER (include area code) 248-557-3500		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0003-7668-47		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID WPON	(24A) PAYMENT TYPE CODE MGR	(25A) QUANTITY	
(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE \$150.00	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>Lauren A. Colby</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>3/31/05</u>	
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 _____	

SEE PUBLIC BURDEN ON REVERSE

FCC FORM 159

FEBRUARY 2003 (REVISED)