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2018 JUN 28 PM 1:33

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COUNSEL

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MARK B. DENBO

June 27, 2018

Accepted / Filed

JUN 27 2018

Federal Communications Commission  
Office of the Secretary

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

**Re: Immaculate Heart Media, Inc.**  
**Application for License to Cover (Form 302-AM)**  
**Construction Permit File No. BP-20180306AAK**  
**KJPG(AM), Frazier Park, California (Facility No. 2268)**

0005032248

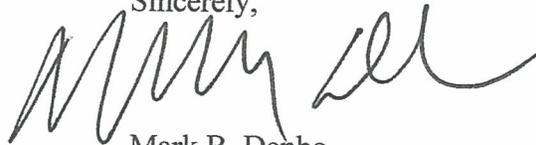
Dear Ms. Dortch:

Transmitted herewith in triplicate, by the undersigned counsel to Immaculate Heart Media, Inc. ("IHM"), licensee of KJPG(AM), Frazier Park, California (Facility No. 2268), is an application filed on FCC Form 302-AM to cover construction permit file no. BP-20180306AAK.

IHM has electronically paid the required \$805.00 application processing fee, utilizing the Commission's Fee Filer System. Confirmation of payment of the filing here is attached hereto, with each copy of the Form 302-AM.

Please direct any questions regarding this matter to the undersigned.

Sincerely,



Mark B. Denbo  
Counsel to Immaculate Heart Media, Inc.

cc: Robin Lott/FCC (via e-mail)

Federal Communications Commission  
Washington, D. C. 20554

Approved by OMB  
3060-0627  
Expires 01/31/98

FOR  
FCC  
USE  
ONLY

JUN 27 2018

Federal Communications Commission  
Office of the Secretary

54511

FCC 302-AM  
APPLICATION FOR AM  
BROADCAST STATION LICENSE  
(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY  
FILE NO. BL-20180627ABA

<b>SECTION I - APPLICANT FEE INFORMATION</b>																									
1. PAYOR NAME (Last, First, Middle Initial) Immaculate Heart Media, Inc.																									
MAILING ADDRESS (Line 1) (Maximum 35 characters) 1496 Bellevue, Suite 202																									
MAILING ADDRESS (Line 2) (Maximum 35 characters)																									
CITY Green Bay	STATE OR COUNTRY (if foreign address) WI	ZIP CODE 54311																							
TELEPHONE NUMBER (include area code) 920-884-1460	CALL LETTERS KJPG	OTHER FCC IDENTIFIER (If applicable) Facility No. 2268																							
2. A. Is a fee submitted with this application?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section																									
<input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input type="checkbox"/> 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)	(B)	(C)																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="3">FEE TYPE CODE</td></tr> <tr><td>M</td><td>O</td><td>R</td></tr> </table>	FEE TYPE CODE			M	O	R	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="4">FEE MULTIPLE</td></tr> <tr><td>0</td><td>0</td><td>0</td><td>1</td></tr> </table>	FEE MULTIPLE				0	0	0	1	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">FEE DUE FOR FEE TYPE CODE IN COLUMN (A)</td></tr> <tr><td>\$</td><td>805.00</td></tr> </table>	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)		\$	805.00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">FOR FCC USE ONLY</td></tr> <tr><td colspan="2"> </td></tr> </table>	FOR FCC USE ONLY			
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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)	(C)																							
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FOR FCC USE ONLY																									
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">TOTAL AMOUNT REMITTED WITH THIS APPLICATION</td></tr> <tr><td>\$</td><td>805.00</td></tr> </table>	TOTAL AMOUNT REMITTED WITH THIS APPLICATION		\$	805.00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">FOR FCC USE ONLY</td></tr> <tr><td colspan="2"> </td></tr> </table>	FOR FCC USE ONLY																	
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\$	805.00																								
FOR FCC USE ONLY																									

<b>SECTION II - APPLICANT INFORMATION</b>		
1. NAME OF APPLICANT Immaculate Heart Media, Inc.		
MAILING ADDRESS 1496 Bellevue, Suite 202		
CITY Green Bay	STATE WI	ZIP CODE 54311

2. This application is for:

- Commercial       Noncommercial  
 AM Directional       AM Non-Directional

Call letters KJPG	Community of License Frazier Park, CA	Construction Permit File No. BP-20180306AAK	Modification of Construction Permit File No(s). N/A	Expiration Date of Last Construction Permit 6/22/2021
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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.

Exhibit No.  
N/A

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.  
N/A

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.  
N/A

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

If No, explain in an Exhibit.

Does not apply

Exhibit No.  
N/A

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.  
N/A

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?

Yes  No

If Yes, provide particulars as an Exhibit.

Exhibit No.  
N/A

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 Fr. Francis J. Hoffman	Signature <i>Francis J. Hoffman</i>	
Title Executive Director	Date 6/27/18	Telephone Number 920-884-1460

**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 - Page 2**

9. Description of antenna system (If directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator <b>Guyed Tower</b>	Overall height in meters of radiator above base insulator, or above base, if grounded. <b>74.3</b>	Overall height in meters above ground (without obstruction lighting) <b>75.2</b>	Overall height in meters above ground (include obstruction lighting) <b>75.2</b>	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. <div style="border: 1px solid black; padding: 2px;">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 <b>35</b> ° <b>01</b> ' <b>28</b> "	West Longitude <b>118</b> ° <b>55</b> ' <b>05</b> "
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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

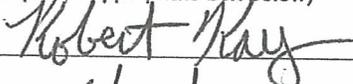
10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

N/A

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) <b>Robert Kay</b>	Signature (check appropriate box below) 
Address (include ZIP Code) <b>3256 Penryn Road Loomis, CA 95650</b>	Date <b>6/22/18</b>
	Telephone No. (Include Area Code) <b>916-472-8003</b>

Technical Director

Registered Professional Engineer

Chief Operator

Technical Consultant

Other (specify)

Agency Tracking ID:PGC3112650

Authorization Number:08006P

Successful Authorization -- Date Paid: 6/27/18

FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> FORM 159 PAGE NO 1 OF 1		APPROVED BY OMB 3060-059
			SPECIAL USE
			FCC USE ONLY
<b>SECTION A - Payer Information</b>			
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Immaculate Heart Media, Inc.</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$805.00</b>	
(4) STREET ADDRESS LINE NO. 1 <b>1496 Bellevue St, Suite 202</b>			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY <b>Green Bay</b>		(7) STATE <b>WI</b>	(8) ZIP CODE <b>54311</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>920-8841460</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>			
(11) PAYER (FRN) <b>0005032248</b>		(12) FCC USE ONLY	
<b>IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)</b>			
(13) APPLICANT NAME <b>Immaculate Heart Media, Inc.</b>			
(14) STREET ADDRESS LINE NO. 1 <b>1496 Bellevue St, Suite 202</b>			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY <b>Green Bay</b>		(17) STATE <b>WI</b>	(18) ZIP CODE <b>54311</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>920-8841460</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>			
(21) APPLICANT (FRN) <b>0005032248</b>		(22) FCC USE ONLY	
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>			
(23A) FCC Call Sign/Other ID <b>KJPG</b>		(24A) Payment Type Code(PTC) <b>MOR</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$805.00</b>		(27A) Total Fee <b>\$805.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>FrazierParkCA</b>		(29A) FCC CODE 2 <b>FacilityNo.2268</b>	
(23B) FCC Call Sign/Other ID		(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)		(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1		(29B) FCC CODE 2	