



(REFERENCE COPY - Not for submission)

Request to Extend a DTV Engineering STA Application

File Number: **0000112157** | Submit Date: **04/13/2020** | Call Sign: **KBSI** | Facility ID: **19593** | FRN: **0030190466** | State: **Missouri** | City: **CAPE GIRARDEAU**
 Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **04/23/2020** | Expiration Date: **10/13/2020** | Filing Status: **InActive**

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
STA Extension	MGT	\$200.00
Total		\$200.00

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KBSI LICENSEE L.P. Doing Business As: KBSI LICENSEE L.P.	Harvey Arnold 10706 Beaver Dam Road Cockeysville, MD 21030 United States	+1 (410) 568- 1500	harnold@sbgvtv. com	Limited Partnership

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

**Contact
Representatives
(2)**

Contact Name	Address	Phone	Email	Contact Type
Paul A. Cicelski , Esq . Lerman Senter PLLC	2001 L St. NW Suite 400 Washington, DC 20036 United States	+1 (202) 416- 6756	pcicelski@lermansenter. com	Legal Representative
John E. Hidle , PE . <i>Consulting Engineer</i> Carl T. Jones Corporation	John E. Hidle, PE 7901 Yarnwood Court Springfield, VA 22153 United States	+1 (703) 569- 7704	jhidle@ctjc.com	Technical Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	19593
	State	Missouri
	City	CAPE GIRARDEAU
	DTV Channel	36
	Designated Market Area	Paducah-Cape Girard-Harsbg
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	2

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State
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Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1005390
Coordinates (NAD83)	Latitude	37° 24' 23.0" N+
	Longitude	089° 33' 44.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	477.6 meters
	Support Structure Height	220.0 meters
	Ground Elevation (AMSL)	216.4 meters
Antenna Data	Height of Radiation Center Above Ground Level	304.8 meters
	Height of Radiation Center Above Average Terrain	379.2 meters
	Height of Radiation Center Above Mean Sea Level	521.2 meters
	Effective Radiated Power	238 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1005748
Antenna Manufacturer and Model	Manufacturer:	Dielectric
	Model	TFU-8WB/VP-R C160
	Rotation	0 degrees
	Electrical Beam Tilt	1.05
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
DTV and DTS: Elevation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	.662	90	.888	180	.998	270	.309
10	.760	100	.835	190	.971	280	.418
20	.822	110	.804	200	.922	290	.545
30	.871	120	.795	210	.870	300	.596
40	.921	130	.904	220	.820	310	.546
50	.967	140	.835	230	.758	320	.420
60	.995	150	.888	240	.660	330	.310
70	.988	160	.948	250	.517	340	.363
80	.947	170	.991	260	.361	350	.519

Additional Azimuths

Degree	V _A
332	.305
268	.304
177	1.0

Certification

Section	Question	Response
<p>General Certification Statements</p>	<p>The Applicant 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 of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).</p>	
	<p>The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.</p>	
<p>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</p> <p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Lucy Rutishauser <i>CFO</i></p> <p>04/13/2020</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
KBSI April Request for Further Extension of STA.pdf	Applicant	General Information	STA Extension