

(REFERENCE COPY - Not for submission) Full Power FM Digital Notification Application

File Number:0000212405Submit Date:03/13/2023Lead Call Sign:KANHFacility ID:90457

FRN: 0006587166

Service: Full Power FM Purpose: Digital Notification Status: Received Status Date: 03/13/2023 Filing Status: Active

| General Information | Section | Question | Response |
|------------------------|-------------|--|----------|
| | Attachments | Are attachments (other than associated schedules) being filed with this application? | No |

Applicant

Applicant Name, Type, and Contact Information

| Information | Ir | ITO | n | າລເ | ION | |
|-------------|----|------------|---|-----|-----|--|
|-------------|----|------------|---|-----|-----|--|

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------|--------------------|----------------|
| UNIVERSITY OF KANSAS Doing Business As: UNIVERSITY OF | 1120 West 11th Street | +1 (785) 864- 4530 | skinner@ku. edu | GOE |
| KANSAS | Lawrence, KS 66047 United States | | | |

Contact Representatives (1)

| Contact Name | Address | Phone | Email | Contact Type |
|---|--|-----------------------|---------------------------------|-------------------------|
| Derek Teslik Gray Miller Persh LLP | 2233 Wisconsin Ave., NW Ste. 226 Washington, DC 20007 United States | +1 (202) 559- 7489 | dteslik@graymillerpersh. com | Legal Representative |

| Digital Notification | Section | Question |
|-------------------------|--|-------------------------|
| | The date new or modified digital operation commenced or ceased | The date new or ceased: |
| | Licensee's Technical Representative: | First Name: |
| | | Last Name: |
| | | Phone: |
| | Effective Radiated Power | Analog (kW): |

| Section | Question | Response |
|--|---|----------------|
| The date new or modified digital operation commenced or ceased | The date new or modified digital operation commenced or ceased: | 03/02/2023 |
| Licensee's Technical Representative: | First Name: | Steve |
| | Last Name: | Kincaid |
| | Phone: | (785) 864-4530 |
| Effective Radiated Power | Analog (kW): | 3.0 |
| | Digital (kW): | .119 |
| Transmitter Output Power | Combined for low-level combined systems (kW): | 1.674 |
| | Analog for separate analog systems (kW): | |
| | Digital for separate digital systems (kW): | |
| | Licensee certifies its analog effective radiated power will remain as authorized after commencement of digital operations | Yes |

| Licensee certifies that, except for digital power, its facilities conform to the iBiquity Digital Corporation hybrid specification | Yes |
|---|---------------------|
| Licensee certifies that its interim digital operations will not cause human exposure to levels of radio frequency radiation in excess of Section 1.1310 of the Commission's rules and is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b) | Yes |
| The type of notification: | Hybrid Notification |

Certification

| Section | Question | Response |
|-------------------------------------|---|---|
| General Certification Statements | 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.). | |
| | 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. | |
| Authorized Party to Sign | FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID 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. 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). | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | Dan Skinner Director, Kansas Publi Radio |
| | | 03/13/2023 |