



(REFERENCE COPY - Not for submission)
AM License to Cover (302-AM)

File Number: **BMML-20130820ACI** | Submit Date: **08/27/2013** | Lead Call Sign: **KJRB** | FRN: **0028566800**

Service: **Full Power AM** | Purpose: **License To Cover** | Status: **Superseded** | Status Date: **12/31/2013** | Filing Status:
Inactive

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

Fees, Waivers, and Exemptions

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

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MAPLETON COMMUNICATIONS LLC Applicant Doing Business As: MAPLETON COMMUNICATIONS LLC	10900 WILSHIRE BLVD., SUITE 1500 LOS ANGELES, CA 90024 United States	+1 (310) 209-7253		Company

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
THOMAS S GORTON <i>REGISTERED PROFESSIONAL ENGINEER</i>	HATFIELD & DAWSON CONSULTING ENGINEERS 9500 GREENWOOD AVENUE NORTH SEATTLE, WA 98103 United States	+1 (206) 783-9151		Technical Representative
MARK B. DENBO FLEISCHMAN AND WALSH, LLP	United States	+1 (202) 939-7900		Legal Representative

Legal Certifications

Section	Question	Response
Character Issues	<p>Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with:</p> <p>(a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or</p> <p>(b) any pending broadcast application in which character issues have been raised.</p>	
Adverse Findings	<p>Applicant certifies that, with respect to the applicant and any party to the application, and any non-party equity owner in the applicant, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.</p>	

Frequency and Facility Information

Section	Question	Response
Program Test Authority	The application is operating pursuant to automatic program test authority in accordance with 47 CFR 73.1620	
	The applicant is requesting program test authority in accordance with 47 CFR Section 73.1620	
Proposed Community of License	State	Washington
	City	Spokane
Facility Information	Frequency	790
	Service Type	Main
	Facility Type	Commercial
	Class	B
Modes/Hour of Operation	Modes/Hour of Operation	Daytime, NightTime

Antenna Summary Data

Directional Antenna Data - Daytime

Section	Question	Response
Parameters	Nominal Power	5.000
	Antenna Input Power	5.000
	RF common point or antenna current without modulation	
	Measured antenna or common point resistance at operating frequency	
	Latitude	47° 30` 7.6N
	Longitude	117° 23` 9.7W
	Excitation	
	Antenna Monitor Manufacturer	POTOMAC INSTRUMENTS AM-19D (210)

	Antenna Monitor Type																									
Towers	<table border="1"> <thead> <tr> <th>Tower</th> <th>Field Ratio</th> <th>Phase (deg.)</th> <th>ASRN</th> <th>Overall Ht. (m)</th> <th>AGL w/o light(m)</th> <th>AGL w light(m)</th> <th>Tower Type</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td>1008299</td> <td></td> <td></td> <td></td> <td>Neither</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td>1008297</td> <td></td> <td></td> <td></td> <td>Neither</td> </tr> </tbody> </table>	Tower	Field Ratio	Phase (deg.)	ASRN	Overall Ht. (m)	AGL w/o light(m)	AGL w light(m)	Tower Type	1			1008299				Neither	2			1008297				Neither	
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Tower Description	Attach as an exhibit, a description of the towers (uniform cross section, guyed, top-loaded, or such) with details, dimensions and information regarding any other antennas mounted on the tower.																									
Ground System Description	Attach as an exhibit, a complete description of the ground system.																									
Antenna or Common Point Resistance	Attach as an exhibit, reasons for any change in antenna or common point resistance, if applicable.																									
Antenna Performance	Proof of Performance																									
	Ground System Description	Attach as an exhibit, an engineering statement describing the techniques and software used in the moment method model. Include a complete description of the sampling system and related measurements. If base sampling is specified, an exhibit of the circuit model must be provided. A tower survey certification must also be included unless the station is exempt per Section 73.151(c)(1)(ix). The station must meet all the requirements specified in Section 73.151.																								
	Description of Sampling System																									
	Sampling System Certification	Yes																								

Directional Antenna Data - Nighttime

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Parameters	Nominal Power	3.800																																								
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	Description of Sampling System	
	Sampling System Certification	Yes

License Certifications

Section	Question	Response
Certifications	Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit?	
Correcting Coordinates	Is this application being filed to correct coordinates as authorized by 47 CFR Section 73.1690(c)(11)?	
Change in License Status	Is this application being filed to authorize a change in license status from commercial to non-commercial or from non-commercial to commercial, pursuant to 47 CFR Section 73.1690(c)(9)?	

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.	

<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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>JAMES SHEA</p>

Attachments

Information not provided.