



(REFERENCE COPY - Not for submission)

# Request to Extend a DTV Engineering STA Application

File Number: **0000107555** | Submit Date: **03/10/2020** | Call Sign: **KWSD** | Facility ID: **29121** | FRN: **0015851751** | State: **South Dakota** | City: **SIOUX FALLS**  
 Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **03/11/2020** | Expiration Date: **09/10/2020**  
 Filing Status: **Active**

**General Information**

Section	Question	Response
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**Fees, Waivers, and Exemptions**

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
<b>Waivers</b>	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
<b>Total</b>		<b>\$200.00</b>

**Applicant  
Information**

**Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
J.F. BROADCASTING, LLC	James F Simpson PO Box 9609 RAPID CITY, SD 57709 United States	+1 (605) 391- 3161	jsimpson@newscenter1. com	Limited Liability Company

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**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  
(1)**

Contact Name	Address	Phone	Email	Contact Type
Jonathan Mark , Esq . DAVIS WRIGHT TREMAINE LLP	1919 PENNSYLVANIA AVE., N.W. SUITE 800 WASHINGTON, DC 20006 United States	+1 (202) 973- 4217	JonathanMark@dwt. com	Legal Representative

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**Channel and Facility Information**

Section	Question	Response
<b>Proposed Community of License</b>	Facility ID	29121
	State	South Dakota
	City	SIOUX FALLS
	DTV Channel	36
	Designated Market Area	Sioux Falls(Mitchell)
<b>Facility Type</b>	Facility Type	Commercial
	Station Type	Main
<b>Zone</b>	Zone	2

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1206712
<b>Coordinates (NAD83)</b>	Latitude	43° 30' 14.0" N+
	Longitude	096° 34' 18.8" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	256.0 meters
	Support Structure Height	255.1 meters
	Ground Elevation (AMSL)	412.1 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	245.9 meters
	Height of Radiation Center Above Average Terrain	229.7 meters
	Height of Radiation Center Above Mean Sea Level	658.0 meters
	Effective Radiated Power	18.45 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	97392
<b>Antenna Manufacturer and Model</b>	Manufacturer:	DIE
	Model	TFU-31JTT-RCT3
	Rotation	0 degrees
	Electrical Beam Tilt	0.75
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>DTV and DTS: Elevation Pattern</b>	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	0.873	90	0.885	180	0.239	270	0.916
10	0.837	100	0.779	190	0.434	280	0.873
20	0.837	110	0.636	200	0.624	290	0.843
30	0.863	120	0.458	210	0.785	300	0.84
40	0.906	130	0.252	220	0.902	310	0.877
50	0.951	140	0.211	230	0.971	320	0.937
60	0.983	150	0.343	240	0.999	330	0.978
70	0.987	160	0.343	250	0.992	340	0.975
80	0.955	170	0.218	260	0.96	350	0.932

**Additional Azimuths**

Degree	V <sub>A</sub>
45	0.929
315	0.907
243	1
225	0.942
135	0.19

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></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><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></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><b>James Simpson</b>  <i>Sole Managing Member</i></p> <p>03/10/2020</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">KWSD Exhibit.pdf</a>	Applicant	General Information	KWSD Request to Extend DTV Engineering STA