

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

File Number: 0000199569 Submit Date: 09/08/2022 Lead Call Sign: KKJA Facility ID: 92285

FRN: 0006395925

Status: Received Service: Full Power FM Purpose: Digital Notification Status Date: 09/08/2022 Filing Status: Active

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

Applicant

Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
CSN INTERNATIONAL	SCOTT SPENCER 4002 N. 3300 E. TWIN FALLS, ID 83303 United States	+1 (208) 733-3133	SCOTT@CSNRADIO.COM	PNE

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
SCOTT SPENCER TECHNICAL REPRESENTATIVE CSN INTERNATIONAL	SCOTT SPENCER 4002 N 3300 E TWIN FALLS, ID 83303 United States	+1 (208) 733- 3133	SCOTT@CSNRADIO. COM	Technical Representative
CARY TEPPER <i>LEGAL</i> <i>REPRESENTATIVE</i> TEPPER LAW, LLC	CARY TEPPER 4900 AUBURN AVE SUITE 100 BETHESDA, MD 20814 United States	+1 (301) 718- 1818	TEPPERLAW@AOL. COM	Legal Representative

Digital **Notification**

Section	Question	Response
The date new or modified digital operation commenced or ceased	The date new or modified digital operation commenced or ceased:	09/08/2022
Licensee's Technical Representative:	First Name:	Scott
	Last Name:	Spencer
	Phone:	(208) 733-3133
Effective Radiated Power	Analog (kW):	1.5
	Digital (kW):	1.5
Transmitter Output Power	Combined for low-level combined systems (kW):	2
	Analog for separate analog systems (kW):	
	Digital for separate digital systems (kW):	

environmental The type of no	I processing pursuant to Section 1.1306(b) btification: Hybrid Notification
radiation in ex rules and is th	access of Section 1.1310 of the Commission's herefore categorically excluded from
	ifies that its interim digital operations will not Yes exposure to levels of radio frequency
	ifies that, except for digital power, its facilities Yes e iBiquity Digital Corporation hybrid
	ifies its analog effective radiated power will Yes horized after commencement of digital

	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.	Michael Kestler <i>President</i> 09/08/2022