



(REFERENCE COPY - Not for submission)

## Request to Extend an Analog LPTV Engineering STA Application

File Number: **0000007905** | Submit Date: **01/29/2016** | Call Sign: **KFUL-LP** | Facility ID: **14001** | FRN: **0008195455** | State: **California** | City: **SAN LUIS OBISPO**  
 Service: **LPA** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **02/01/2016** | Expiration Date: **08/01/2016**  
 Filing Status: **InActive**

### General Information

Section	Question	Response
---------	----------	----------

### 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	MGL	\$190.00
<b>Total</b>		<b>\$190.00</b>

**Applicant  
Information**

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

Applicant	Address	Phone	Email	Applicant Type
<b>KJLA, LLC</b>	Mr. Francis X. Wilkinson 2323 CORINTH AVENUE LOS ANGELES, CA 90064 United States	+1 (310) 943-5288	fwilkinson@kjla.com	Limited Liability Company

---

**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
<b>BARRY A. FRIEDMAN</b> THOMPSON HINE LLP	SUITE 700 1919 M STREET, NW WASHINGTON, DC 20036 United States	+1 (202) 331- 8800	BARRY. FRIEDMAN@THOMPSONHINE. COM	Legal Representative
<b>B. W. ST. CLAIR</b> <i>ENGINEERING</i> <i>CONSULTANT</i> B. W. ST. CLAIR	2355 RANCH DRIVE WESTMINSTER, CO 80234 United States	+1 (303) 465- 5742	STCL@COMCAST.NET	Technical Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	14001	
State	California	
City	SAN LUIS OBISPO	
LPA Channel	44	

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
-------------	-----------	------	-------

**Antenna Location  
Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
<b>Coordinates (NAD83)</b>	Latitude	35° 21' 37.9" N+
	Longitude	120° 39' 24.6" W-
	Structure Type	MAST-Self-support struct
	Overall Structure Height	16.8 meters
	Support Structure Height	30.48 meters
	Ground Elevation (AMSL)	751.3 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	13.1 meters
	Height of Radiation Center Above Mean Sea Level	764.4 meters
	Effective Radiated Power	19.9 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	20737
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SCA
	Model	4DR-32-2HW
	Rotation	200 degrees
	Electrical Beam Tilt	Not Applicable
	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	
	Frequency Offset:	Negative

**Directional Antenna Relative Field Values (Pre-rotated Pattern)**

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.715	180	0.02	270	0.71
10	0.945	100	0.58	190	0.02	280	0.825
20	0.83	110	0.41	200	0.02	290	0.915
30	0.795	120	0.135	210	0.02	300	0.975
40	0.925	130	0.02	220	0.02	310	0.983
50	0.995	140	0.02	230	0.02	320	0.895
60	0.975	150	0.02	240	0.13	330	0.784
70	0.92	160	0.02	250	0.395	340	0.827
80	0.835	170	0.02	260	0.56	350	0.955

**Additional Azimuths**

Degree	V <sub>A</sub>
--------	----------------

**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>Francis X. Wilkinson</b> <i>Vice President</i></p> <p>01/29/2016</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">kful721.pdf</a>	Applicant	All Purpose	Basis for requested extension of engineering STA.
<a href="#">kful-ld.pdf</a>	Internal	All Purpose	