



(REFERENCE COPY - Not for submission)

# Request to Extend an Analog LPTV Engineering STA Application

File Number: **0000013503** | Submit Date: **08/10/2016** | Call Sign: **KMYA-LP** | Facility ID: **24263** | FRN: **0027379551**  
 State: **Arkansas** | City: **SHERIDAN**  
 Service: **LPA** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **08/11/2016** | Expiration Date: **02/11/2017**  
 Filing Status: **InActive**

### 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	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>I SQUARE MEDIA, LLC</b> Doing Business As: I SQUARE MEDIA, LLC	#1 SHACKLEFORD DRIVE LITTLE ROCK, AR 72211 United States	+1 (501) 251- 1800	SHASHGOYAL@COMCAST. NET	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  
(2)**

Contact Name	Address	Phone	Email	Contact Type
<b>Jim McPhetridge</b> <i>Broadcast Engineer</i> Jim McPhetridge	Jim McPhetridge PO Box 1440 Santa Teresa, NM 88008 United States	+1 (915) 892- 2775	jmcphetridge@sbcglobal.net	Technical Representative
<b>Shelley Sadowsky , Esq. .</b> <i>Counsel</i> Shelley Sadowsky, LLC	Shelley Sadowsky, Esq. 5938 Dorchester Way Rockville, MD 20852 United States	+1 (202) 997- 9392	shelley@sadowskycommlaw. com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	24263	
State	Arkansas	
City	SHERIDAN	
LPA Channel	47	

**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	37° 47' 56.1" N+
	Longitude	092° 29' 44.6" W-
	Structure Type	BPIPE-Building with PIPE /ANTENNA on top
	Overall Structure Height	12 meters
	Support Structure Height	10 meters
	Ground Elevation (AMSL)	320.9 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	12 meters
	Height of Radiation Center Above Mean Sea Level	332.9 meters
	Effective Radiated Power	.025 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1000994
<b>Antenna Manufacturer and Model</b>	Manufacturer:	Nicom
	Model	BKU 4-5
	Rotation	0 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:	None

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

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.037	90	1.0	180	0.040	270	0.010
10	0.057	100	0.963	190	0.021	280	0.010
20	0.121	110	0.879	200	0.012	290	0.010
30	0.254	120	0.753	210	0.010	300	0.010
40	0.451	130	0.603	220	0.010	310	0.010
50	0.603	140	0.456	230	0.010	320	0.010
60	0.755	150	0.257	240	0.010	330	0.010
70	0.877	160	0.122	250	0.010	340	0.018
80	0.965	170	0.063	260	0.010	350	0.020

**Additional Azimuths**

Degree	V <sub>A</sub>
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**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>Ladly Abraham , M.D. .</b>  <i>Member of LLC with majority interest in Licensee</i></p> <p>08/10/2016</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">13503.pdf</a>	Internal	All Purpose	
<a href="#">I Square Media STA Extension Exhibit.pdf</a>	Applicant	General Information	Justification for Extension of STA