



(REFERENCE COPY - Not for submission)

Request to Extend an Analog LPTV
Engineering STA Application

File Number: 0000024840 | Submit Date: 06/08/2017 | Call Sign: KAZH-LP | Facility ID: 68574 | FRN: 0026907345 | State: Texas | City: MCALLEN

Service: LPA | Purpose: STA Extension | Status: Granted | Status Date: 06/13/2017 | Expiration Date: | Filing Status: Active

General
Information

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

Fees, Waivers,
and Exemptions

| Section | Question | Response |
|---------|--|----------|
| Fees | Is the applicant exempt from FCC application Fees? | No |
| | Indicate reason for fee exemption: | |
| Waivers | 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 |
| Total | | \$190.00 |

Applicant
Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|--|-----------------------|---------------------------|----------------|
| NORTHSTAR MCALLEN LICENSE, LLC Applicant Doing Business As: NORTHSTAR MCALLEN LICENSE, LLC | 1701 N. MARKET STREET SUITE 500 DALLAS, TX 75202 United States | +1 (214) 754- 7008 | jack@jackngoodman. com | Other |

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 |
|---|--|----------------------|---------------------------|-------------------------|
| ESQ JACK N GOODMAN N GOODMAN , ESQ . LAW OFFICES OF JACK N GOODMAN | 1200 NEW HAMPSHIRE AVE., NW WASHINGTON, DC 20036 United States | +1 (202) 776-2045 | JACK@JACKNGOODMAN. COM | Legal Representative |

Channel and Facility Information

| Section | Question | Response |
|-------------|----------|----------|
| Facility ID | 68574 | |
| State | Texas | |
| City | MCALLEN | |
| LPA Channel | 39 | |

Antenna Location
Data

| Section | Question | Response |
|-----------------------------------|---|------------|
| Antenna Structure Registration | Do you have an FCC Antenna Structure Registration (ASR) Number? | |
| | ASR Number | |
| Coordinates (NAD83) | Latitude | - - |
| | Longitude | - - |
| | Structure Type | |
| | Overall Structure Height | |
| | Support Structure Height | |
| | Ground Elevation (AMSL) | |
| Antenna Data | Height of Radiation Center Above Ground Level | |
| | Height of Radiation Center Above Mean Sea Level | 0.0 meters |
| | Effective Radiated Power | |

Antenna
Technical Data

| Section | Question | Response |
|--------------------------------|---|----------|
| Antenna Type | Antenna Type | |
| | Do you have an Antenna ID? | |
| | Antenna ID | |
| Antenna Manufacturer and Model | Manufacturer: | |
| | Model | |
| | Rotation | |
| | Electrical Beam Tilt | |
| | Mechanical Beam Tilt | |
| | toward azimuth | |
| | Polarization | |
| DTV and DTS: Elevation Pattern | Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt? | |
| | Uploaded file for elevation antenna (or radiation) pattern data | |
| | Frequency Offset: | |

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. | |
| 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 certify that this application includes all required and relevant attachments. | Yes |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | Michael H. Jahrmarkt H. Jahrmarkt <i>Managing Member of Sole Member</i> 06/08/2017 |

Attachments

| File Name | Uploaded By | Attachment Type | Description |
|-----------------------------------|-------------|---------------------|---------------|
| 24840.pdf | Internal | All Purpose | |
| STA STATEMENT.pdf | Applicant | General Information | STA Statement |