



(REFERENCE COPY - Not for submission)

Analog LPTV Engineering STA Application

File Number: **0000064430** | Submit Date: **12/31/2018** | Call Sign: **KUFS-LP** | Facility ID: **58281** | FRN: **0001843697** | State: **Arkansas** | City: **FORT SMITH**
 Service: **LPA** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **01/08/2019** | Expiration Date: |
 Filing Status: **Active**

General Information

Section	Question	Response
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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
Engineering STA	MGL	\$200.00
Total		\$200.00

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KTV MEDIA, LLC Applicant Doing Business As: KTV MEDIA, LLC	Larry Morton 17200 CHENAL PARKWAY SUITE 300 - 267 LITTLE ROCK, AR 72223 United States	+1 (501) 476-1507	EQUITYLEM@GMAIL.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
(3)**

Contact Name	Address	Phone	Email	Contact Type
Mr. Jim McPhetridge McPhetridge , Mr. . Jim McPhetridge	Jim McPhetridge 228 Flynn Drive El Paso, TX 79932 United States	+1 (915) 892- 2775	jmcphetridge@sbcglobal. net	Technical Representative
Larry Morton <i>MANAGER</i> ELLIS-WILSON, LLC	Larry Morton P. O. BOX 23808 LITTLE ROCK, AR 72221 United States	+1 (501) 476- 1507	equitylem@gmail.com	MANAGEMENT
Lori E. Withrow E. Withrow ALLEN & WITHROW	Lori E. Withrow PO Box 17248 Little Rock, AR 72222 United States	+1 (501) 227- 2000	lwithrow@allenwithrow. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Facility ID	58281	
State	Arkansas	
City	FORT SMITH	
LPA Channel	19	

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
Coordinates (NAD83)	Latitude	35° 04' 05.3" N+
	Longitude	094° 40' 59.8" W-
	Structure Type	NNTANN-Antenna tower
	Overall Structure Height	60 meters
	Support Structure Height	60 meters
	Ground Elevation (AMSL)	719 meters
Antenna Data	Height of Radiation Center Above Ground Level	45.7 meters
	Height of Radiation Center Above Mean Sea Level	764.7 meters
	Effective Radiated Power	2.0 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1004495
Antenna Manufacturer and Model	Manufacturer:	SIRA
	Model	UTV01 x 2
	Rotation	0 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
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?	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	1.0	90	0.977	180	0.024	270	0.001
10	0.940	100	1.0	190	0.001	280	0.001
20	0.839	110	0.939	200	0.001	290	0.12
30	0.739	120	0.803	210	0.001	300	0.237
40	0.895	130	0.636	220	0.001	310	0.348
50	0.999	140	0.485	230	0.001	320	0.485
60	0.895	150	0.348	240	0.001	330	0.636
70	0.789	160	0.237	250	0.001	340	0.803
80	0.939	170	0.12	260	0.001	350	0.937

Additional Azimuths

Degree	V _A
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Certification

Section	Question	Response
<p>General Certification Statements</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>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</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>LARRY E MORTON E MORTON <i>MANAGER</i></p> <p>12/31/2018</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>Extraordinary Circumstance KUFS Ch 19 Ft. Smith, AR.pdf</u>	Applicant	General Information	Extraordinary Circumstance for KUFS-LD Ft. Smith, AR
<u>KUFS-LD Ch 19 2kW TVStudy No IX Report.pdf</u>	Applicant	All Purpose	TVStudy No IX Report
<u>Stringent Mask Filter Exhibit KUFS Ch 19.pdf</u>	Applicant	All Purpose	Stringent Mask Filter Exhibit