

Request to Extend an Analog LPTV Engineering STA Application

File Number: BESTA-20150105AAL		5AAL Subr	nit Date: 01/05/2015	Call Sign: WLMO-LP	Facility ID: 70612	FRN:
0018282269	State: Ohio	City: LIMA				
Service: LPA	Purpose: STA	Extension	Status: Granted	Status Date: 01/12/2015	Expiration Date: 06/1	0/2015
Filing Status: In/	Active					

General	Section	Question	Response
Information			
Fees, Waivers,	Section	Question	Response
and Exemptions	Fees Waivers	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
		Does this filing request a waiver of the Commission's rule(s)?	
		Total number of rule sections involved in this waiver request:	

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WEST CENTRAL OHIO BROADCASTING, INC. Applicant Doing Business As: WEST CENTRAL OHIO BROADCASTING, INC.	1424 RICE AVENUE LIMA, OH 45805 United States	+1 (419) 228- 8835		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	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	DEREK TESLIK COOLEY LLP	1299 PENNSYLVANIA AVENUE, NW SUITE 700 WASHINGTON, DC 20004 United States	+1 (202) 776- 2668	DTESLIK@COOLEY. COM	Legal Representative

Channel and	Section	Question	Response
Facility Information	Facility ID	70612	
	State	Ohio	
	City	LIMA	
	LPA Channel		

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	Model	
	DTV and DTS: Elevation Pattern	Rotation	
		Electrical Beam Tilt	
		Mechanical Beam Tilt	
		toward azimuth	
		Polarization	
		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.	
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	FREDERICK VOBBE 01/05/2015

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>1667005_1284778.txt</u>	Applicant	All Purpose	EXHIBIT 37
D:\data\prod\cdbs\letters\A-1667005_F-70612_L-55551-BESTA- 20150105AAL.pdf	Internal	All Purpose	Requested: 01/13/15 14: 06:11