



(REFERENCE COPY - Not for submission)

# LPTV Engineering STA Application

File Number: **0000125301** | Submit Date: **11/02/2020** | Call Sign: **KHPN-LD** | Facility ID: **126476** | FRN: **0026455469**  
 State: **Oregon** | City: **WARRENTON**  
 Service: **LPD** | Purpose: **Engineering STA** | Status: **Superceded** | Status Date: **11/17/2020** | Filing Status: **InActive**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
Engineering STA	MGL	\$200.00
<b>Total</b>		<b>\$200.00</b>

**Applicant  
Information**

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

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>EDGE SPECTRUM, INC.</b> Doing Business As: EDGE SPECTRUM, INC.	Randy Weiss PO Box 54025 Hurst, TX 76054 United States	+1 (214) 770- 7770	randy@crosstalk. org	Corporation

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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  
(3)**

Contact Name	Address	Phone	Email	Contact Type
<b>Susan Hansen</b> <i>Consultant</i> B. W. St. Clair	Susan Hansen 2305 Vida Shaw Rd. New Iberia, LA 70563 United States	+1 (303) 378- 8209	STCL@comcast.net	Technical Representative
<b>Caleb Weiss</b> <i>President</i> ARK Multicasting, Inc.	Caleb Weiss PO Box 4655 Cedar Hill, TX 75106 United States	+1 (972) 293- 2256	cweiss@arkmulticasting. com	Legal Representative
<b>Randy Weiss</b> <i>CEO</i> EDGE SPECTRUM, INC.	Randy Weiss PO Box 54025 Hurst, TX 76054 United States	+1 (214) 770- 7770	randy@crosstalk.org	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	126476	
State	Oregon	
City	WARRENTON	
LPD Channel	22	

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
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**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	46° 05' 52.3" N+
	Longitude	123° 47' 48.4" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	28 meters
	Support Structure Height	28 meters
	Ground Elevation (AMSL)	58.5 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	15 meters
	Height of Radiation Center Above Mean Sea Level	73.5 meters
	Effective Radiated Power	.1 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Off the Shelf
	Do you have an Antenna ID?	Yes
	Antenna ID	20786
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SCA
	Model	CL-713
	Rotation	100 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>Elevation Radiation 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	
	Out-of-Channel Emission Mask:	Stringent

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

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.01	180	0.03	270	0.01
10	0.945	100	0.01	190	0.03	280	0.01
20	0.81	110	0.01	200	0.03	290	0.01
30	0.59	120	0.01	210	0.02	300	0.01
40	0.325	130	0.01	220	0.01	310	0.05
50	0.01	140	0.03	230	0.01	320	0.38
60	0.01	150	0.03	240	0.01	330	0.606
70	0.01	160	0.03	250	0.01	340	0.8
80	0.01	170	0.03	260	0.01	350	0.945

**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>Randall Weiss</b> <i>CEO</i></p> <p>11/02/2020</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">KHPN-LD Ch 22 STA Statement.pdf</a>	Applicant	General Information	KHPN-LD Ch 22 STA Statement