

(REFERENCE COPY - Not for submission)

License To Cover for Analog LPTV Translator Application

 File Number:
 BLTTV-4808
 Call Sign:
 K11IY-D
 Facility ID:
 2700
 FRN:
 0000013623
 State:
 Nevada
 City:

 BATTLE MOUNTAIN
 Service:
 LPX
 Purpose:
 License To Cover
 Status:
 Granted
 Status Date:
 01/01/1900
 Expiration Date:
 10/01/2022

 Filing Status:
 InActive
 Inactive
 Inactive
 Inactive
 Inactive
 Inactive
 Inactive

| General Information | Section | Question | Response | | |
|------------------------|-------------|--|----------|--|--|
| | Attachments | Are attachments (other than associated schedules) being filed with this application? | | | |
| | | | | | |
| Fees, Waivers, | Section | Question | Response | | |
| and Exemptions | Fees | Is the applicant exempt from FCC application Fees? | No | | |
| | | Indicate reason for fee exemption: | | | |
| | | filed with this application? Question Response Is the applicant exempt from FCC application Fees? No | | | |
| | Waivers | Does this filing request a waiver of the Commission's rule(s)? | | | |
| | | Total number of rule sections involved in this waiver request: | | | |
| | | covered by grandfathered privileges, previously approved by | | | |

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---------------|-------|-------|----------------|
| ARGENTA TV MAINTENANCE DIST. Applicant Doing Business As: ARGENTA TV MAINTENANCE DIST. | United States | | | 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.

Information not provided.

Contact Representatives (0)

| Alien Ownership | Question | Response |
|-----------------|--|----------|
| | Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act? | |
| | 2) Is the applicant an alien or the representative of an alien? (Section 310(b)(1)) | |
| | 3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section 310(b)(2)) | |
| | 4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section 310(b)(3)) | |
| | 5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4)) | |
| | 6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act? | |
| | 7) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act? | |

| Section | Question | Response |
|---------------------------------|---|----------|
| Revoked Application | Has the Applicant or any party to this application had any FCC station Authorization revoked or had any application for an initial, modification or renewal of FCC station Authorization denied by the Commission? | |
| State or Federal Convictions | Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court? | |

Basic Qualifying Questions

| Channel and | |
|-------------|--|
| Facility | |
| Information | |

| Section | Question | Response |
|-------------|-----------------|----------|
| Facility ID | 2700 | |
| State | Nevada | |
| City | BATTLE MOUNTAIN | |
| LPX Channel | 11 | - |

Primary station proposed to be rebroadcast:

| Facility Id | Call Sign | City | State |
|-------------|-----------|-------|-------|
| 1136 | | OGDEN | UT |

| Antenna Location Data | Section | Question | Response | | | |
|--------------------------|-----------------------------------|--|-------------------|--|--|--|
| | Antenna Structure Registration | Do you have an FCC Antenna Structure Registration (ASR) Number? | No | | | |
| | | Do you have an FCC Antenna Structure Registration (ASR) No | | | | |
| | Coordinates (NAD83) | Do you have an FCC Antenna Structure Registration (ASR) No ASR Number? ASR Number Latitude 40° 35' 24.6" N+ Longitude 116° 54' 03.3" W- Structure Type I16° 54' 03.3" W- Overall Structure Height I Support Structure Height I Ground Elevation (AMSL) I Height of Radiation Center Above Ground Level 1393 meters | | | | |
| | | Longitude | 116° 54' 03.3" W- | | | |
| | | Structure Type | | | | |
| | | Overall Structure Height | | | | |
| | | Support Structure Height | | | | |
| | | | | | | |
| | Antenna Data | Do you have an FCC Antenna Structure Registration (ASR) No ASR Number 40° 35' 24.6" N+ Latitude 40° 35' 24.6" N+ Longitude 116° 54' 03.3" W- Structure Type 0verall Structure Height Overall Structure Height 1100000000000000000000000000000000000 | | | | |
| | | Height of Radiation Center Above Mean Sea Level | 1393 meters | | | |
| | | Effective Radiated Power | 0.472 kW | | | |

| Antenna | Section | Question | Response | | |
|----------------|-----------------------------------|---|---|--|--|
| Technical Data | Antenna Type | Antenna Type | Directional Custom | | |
| | | Do you have an Antenna ID? | Yes | | |
| | | Antenna Type Directional Custom Do you have an Antenna ID? Yes Antenna ID 23148 | | | |
| | Antenna Manufacturer and | Manufacturer: | SCA | | |
| | Model | Antenna TypeDirectional CustomDo you have an Antenna ID?YesAntenna ID23148Manufacturer:SCAModelODDK111YK13JDRotation0 degreesElectrical Beam TiltNot ApplicableMovard azimuthHorizontalPolarizationHorizontalDoes the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?NoUploaded file for elevation antenna (or radiation) pattern dataSca | | | |
| | | Antenna Type Directional Cus Do you have an Antenna ID? Yes Antenna ID 23148 rer and Manufacturer: SCA Model ODDK111YK13 Rotation O degrees Electrical Beam Tilt Not Applicable Mechanical Beam Tilt Not Applicable Polarization Horizontal toward azimuth Horizontal Uploaded file for elevation antenna (or radiation) pattern data No | | | |
| | | Antenna TypeDirectional CustomDo you have an Antenna ID?YesAntenna ID23148andManufacturer:SCAModelODDK111YK13JDRotation0 degreesElectrical Beam TiltNot ApplicableMechanical Beam TiltNot Applicabletoward azimuthHorizontalPolarizationHorizontalDoes the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?NoUploaded file for elevation antenna (or radiation) pattern dataSca | | | |
| | | Antenna Type Directional Custom Do you have an Antenna ID? Yes Antenna ID 23148 Antenna ID SCA Manufacturer: SCA Model ODDK111YK13JD Rotation 0 degrees Electrical Beam Tilt Not Applicable Mechanical Beam Tilt Not Applicable toward azimuth Horizontal Obes 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 Solution | | | |
| | | Antenna Type Directional Custor Do you have an Antenna ID? Yes Antenna ID 23148 Antenna ID SCA Manufacturer: SCA Model ODDK111YK13JI Rotation 0 degrees Electrical Beam Tilt Not Applicable Movard azimuth Internation Polarization Horizontal 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 Internation | | | |
| | | Polarization | Directional CustomYes23148SCAODDK111YK13JD0 degreesNot ApplicableNot ApplicableHorizontalNo | | |
| | DTV and DTS: Elevation Pattern | patterns that vary with azimuth for reasons other than the | No | | |
| | | | | | |
| | | Frequency Offset: | None | | |

Directional Antenna Relative Field Values (Pre-rotated Pattern)

| Degree | Value | Degree | Value | Degree | Value | Degree | Value |
|--------|-------|--------|-------|--------|-------|--------|-------|
| 0 | 0.71 | 90 | 0.01 | 180 | 0.01 | 270 | 0.01 |
| 10 | 0.05 | 100 | 0.01 | 190 | 0.01 | 280 | 0.01 |
| 20 | 0.04 | 110 | 0.01 | 200 | 0.01 | 290 | 0.01 |
| 30 | 0.025 | 120 | 0.01 | 210 | 0.01 | 300 | 0.01 |
| 40 | 0.02 | 130 | 0.01 | 220 | 0.01 | 310 | 0.01 |
| 50 | 0.01 | 140 | 0.01 | 230 | 0.01 | 320 | 0.1 |
| 60 | 0.01 | 150 | 0.01 | 240 | 0.01 | 330 | 0.62 |
| 70 | 0.01 | 160 | 0.01 | 250 | 0.01 | 340 | 0.935 |
| 80 | 0.01 | 170 | 0.01 | 260 | 0.01 | 350 | 0.975 |

Additional Azimuths

| Degree | V _A |
|--------|----------------|
| 345 | 1 |

| Operating Constants | Section | Question | Response |
|------------------------|--------------------------------------|--|-----------------------|
| | Transmitter and Transmission Line | Transmitter Power Output (TPO): (average power at input to transmission line, after any filter attached to the transmitter, if used) | |
| | | Transmission Line Loss (LL): | |
| | | Antenna Input Power (AIP): | |
| | | Max. Antenna Power Gain (AG) | |
| | | Effective Radiated Power (ERP) (Average Power) | -3.26 dBk 0.472 kW |

Information not provided.

Parties to the Application (0)

| Attributable Interest | Section | Question | Response |
|--------------------------|-----------------------------------|--|----------|
| | Equity and Financial Interests | Applicant certifies that equity and financial interests not set forth by the applicant parties are non-attributable. | |
| | Other Authorizations | Does the applicant or any party to the application have an attributable interest in any other broadcast station(s). | |

| License Certifications | Section | Question | Response |
|---------------------------|---------------------------------|--|----------|
| | Constructed Facility | The facility constructed as authorized in the underlying construction permit. | |
| | Special Operating Conditions | The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit. An exhibit may be required. Review the underlying construction permit. | |

| <section-header></section-header> | Section | Question | Response |
|-----------------------------------|------------------|---|----------|
| | Obligations | Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met. | |
| | | Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect. | |
| | Character Issues | Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised. | |
| | Adverse Findings | Has the Applicant or any party to this application had an adverse finding or an adverse final action taken by any court or administrative body in a civil or criminal proceeding brought under any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination? | |

| | 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. | |

Information not provided.

Attachments