



(REFERENCE COPY - Not for submission)

# Request to Extend a LPTV Translator Engineering STA Application

File Number: **0000052913** | Submit Date: **04/17/2018** | Call Sign: **K46GL-D** | Facility ID: **13459** | FRN: **0002624427** | State: **New Mexico** | City: **RED RIVER**  
 Service: **LPT** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **04/18/2018** | Expiration Date: **10/19/2018**  
 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
STA Extension	MGL	\$190.00
<b>Total</b>		<b>\$190.00</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>KOB-TV, LLC</b> Doing Business As: KOB-TV, LLC	David A. Jones, Esq. 3415 UNIVERSITY AVE., WEST ST. PAUL, MN 55114 United States	+1 (651) 642- 4334	DJONES@HBI. COM	Limited Liability Company

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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>Louis R duTreil , Jr .</b> <i>Technical Consultant</i> duTreil Lundin & Rackley Inc	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329- 6004	bobjr@DLR.com	Technical Consultant
<b>FRANK R. JAZZO , ESQ .</b> FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH ST 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	JAZZO@FHHLAW. COM	Legal Representative
<b>WAYNE KOONTZ</b> <i>RF SYSTEMS SUPERVISOR</i> KOB-TV, LLC	4 BROADCAST PLAZA, S.W. ALBUQUERQUE, NM 87104 United States	+1 (505) 764- 2442	WKOONTZ@KOBTV. COM	Technical Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	13459	
State	New Mexico	
City	RED RIVER	
LPT Channel	17	

**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	36° 41' 00.1" N+
	Longitude	105° 22' 23.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	18.2 meters
	Support Structure Height	18.2 meters
	Ground Elevation (AMSL)	3030 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	15.2 meters
	Height of Radiation Center Above Mean Sea Level	3045.2 meters
	Effective Radiated Power	0.66 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1003078
<b>Antenna Manufacturer and Model</b>	Manufacturer:	ERI
	Model	ALP8L2-HSB
	Rotation	260 degrees
	Electrical Beam Tilt	0.5
	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	0.33	90	0.733	180	0.452	270	0.733
10	0.351	100	0.566	190	0.426	280	0.883
20	0.434	110	0.427	200	0.361	290	0.976
30	0.595	120	0.334	210	0.297	300	0.998
40	0.788	130	0.282	220	0.268	310	0.936
50	0.936	140	0.268	230	0.282	320	0.788
60	0.998	150	0.297	240	0.334	330	0.595
70	0.976	160	0.361	250	0.427	340	0.434
80	0.883	170	0.426	260	0.566	350	0.351

**Additional Azimuths**

Degree	V <sub>A</sub>
62	1
298	1

**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>David A. Jones</b> <i>Vice-President</i></p> <p>04/17/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">52913.pdf</a>	Internal	All Purpose	
<a href="#">K17ML.STAExtReq.ExtraordinaryCircumstances (01182442xB3D1E).pdf</a>	Applicant	General Information	Extraordinary Circumstances Supporting Extension