



(REFERENCE COPY - Not for submission)

# Request to Extend an Analog LPTV Engineering STA Application

File Number: **0000054001** | Submit Date: **05/11/2018** | Call Sign: **K42DJ** | Facility ID: **35325** | FRN: **0002624427** | State: **New Mexico** | City: **LAS CRUCES**  
 Service: **LPA** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **05/15/2018** | Expiration Date: **11/14/2018**  
 Filing Status: **Active**

**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  
(2)**

Contact Name	Address	Phone	Email	Contact Type
<b>FRANK R. JAZZO , Esquire .</b> FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	JAZZO@FHHLAW. COM	Legal Representative
<b>Wayne Koontz</b> <i>Chief Engineer</i> KOB-TV, LLC	Wayne Koontz 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	35325	
State	New Mexico	
City	LAS CRUCES	
LPA Channel	42	

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1060864
<b>Coordinates (NAD83)</b>	Latitude	32° 16' 41.0" N+
	Longitude	106° 54' 41.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	18.3 meters
	Support Structure Height	18.3 meters
	Ground Elevation (AMSL)	1343.9 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	17 meters
	Height of Radiation Center Above Mean Sea Level	1360.9 meters
	Effective Radiated Power	0.35 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	20735
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SCA
	Model	4DR-16S
	Rotation	80 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
<b>DTV and DTS: Elevation 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	
	Frequency Offset:	None

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

Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)
0	1	90	0.03	180	0.11	270	0.07
10	0.98	100	0.03	190	0.1	280	0.115
20	0.917	110	0.02	200	0.065	290	0.21
30	0.813	120	0.02	210	0.03	300	0.35
40	0.68	130	0.02	220	0.02	310	0.51
50	0.53	140	0.03	230	0.02	320	0.68
60	0.35	150	0.04	240	0.03	330	0.81
70	0.14	160	0.07	250	0.04	340	0.915
80	0.06	170	0.105	260	0.055	350	0.98

**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>David A. Jones</b> <i>Vice-President</i></p> <p>05/11/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">54001.pdf</a>	Internal	All Purpose	
<a href="#">K42DJ.STAExtReq.May2018.exhibit (01191053xB3D1E).pdf</a>	Applicant	General Information	Extraordinary Circumstances Justifying STA Extension