



**United States of America**  
**FEDERAL COMMUNICATIONS COMMISSION**  
**FM BROADCAST STATION LICENSE**

Authorizing Official:

Official Mailing Address:

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AMERICAN FAMILY ASSOCIATION  
PO BOX 2440  
TUPELO MS 38801

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Penelope A. Dade  
Supervisory Analyst  
Audio Division  
Media Bureau

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Grant Date: May 03, 2005

Facility Id: 84851

Call Sign: WMCQ

This license expires 3:00 a.m.  
local time, October 01, 2020.

License File Number: BLED-20050401AOE

This authorization re-issued on December 3, 2015 to reflect the grant of a Main Studio Satellite Waiver see (Special Operating Condition No. 3)

Subject to the provisions of the Communications Act of 1934, subsequent acts and treaties, and all regulations heretofore or hereafter made by this Commission, and further subject to the conditions set forth in this license, the licensee is hereby authorized to use and operate the radio transmitting apparatus herein described.

This license is issued on the licensee's representation that the statements contained in licensee's application are true and that the undertakings therein contained so far as they are consistent herewith, will be carried out in good faith. The licensee shall, during the term of this license, render such broadcasting service as will serve the public interest, convenience, or necessity to the full extent of the privileges herein conferred.

This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequency designated in the license beyond the term hereof, nor in any other manner than authorized herein. Neither the license nor the right granted hereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934. This license is subject to the right of use or control by the Government of the United States conferred by Section 606 of the Communications Act of 1934.

Callsign: WMCQ

License No.: BLED-20050401AOE

Name of Licensee: AMERICAN FAMILY ASSOCIATION

Station Location: MI-MUSKEGON

Frequency (MHz): 91.7

Channel: 219

Class: A

Hours of Operation: Unlimited

Transmitter: Type Accepted. See Sections 73.1660, 73.1665 and 73.1670 of the Commission's Rules.

Transmitter output power: 2.00 kW

Antenna type: Directional

Description: SHI 6810-4RDA, four sections

Antenna Coordinates: North Latitude: 43 deg 18 min 37 sec

West Longitude: 85 deg 54 min 44 sec

	Horizontally Polarized Antenna	Vertically Polarized Antenna
Effective radiated power in the Horizontal Plane (kW):	6.0	6.0
Height of radiation center above ground (Meters):	88	88
Height of radiation center above mean sea level (Meters):	329	329
Height of radiation center above average terrain (Meters):	100	100

Antenna structure registration number: 1013218

Overall height of antenna structure above ground (including obstruction lighting if any) see the registration for this antenna structure.

Special operating conditions or restrictions:

- 1 The permittee/licensee in coordination with other users of the site must reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic fields in excess of FCC guidelines.

Special operating conditions or restrictions:

- 2 The relative field strength of neither the measured horizontally nor vertically polarized radiation component shall exceed at any azimuth the value indicated on the composite radiation pattern authorized by this construction permit.

A relative field strength of 1.0 on the composite radiation pattern herein authorized corresponds to the following effective radiated power:

6.0 kilowatts.

Principal minima and their associated field strength limits:

40 - 120 degrees True: 3.4 kilowatts

- 3 American Family Association request waiver of 47 C.F.R. Section 73.1125 to operate the proposed facility as "satellite" of co-owned noncommercial educational FM station WAQB(FM), Tupelo, Mississippi (Facility ID No.: 1542). Based upon the specific representations contained therein, the waiver request IS GRANTED. Applicant shall abide by each representation proffered in the waiver request

\*\*\* END OF AUTHORIZATION \*\*\*