



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

Authorizing Official:

Official Mailing Address:

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EDUCATIONAL MEDIA FOUNDATION  
5700 WEST OAKS BLVD  
ROCKLIN CA 95765

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Penelope A. Dade  
Supervisory Analyst  
Audio Division  
Media Bureau

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Facility Id: 85873

Call Sign: KSRD

License File Number: BLED-20040928AHD

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Grant Date: October 06, 2004

This license expires 3:00 a.m.  
local time, February 01, 2013.

This authorization is re-issued March 9, 2011, to reflect the grant of a Main Studio Satellite Waiver see (Special Operating Condition No.: 4)

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.

Name of Licensee: EDUCATIONAL MEDIA FOUNDATION

Station Location: MO-ST. JOSEPH

Frequency (MHz): 91.9

Channel: 220

Class: C3

Hours of Operation: Unlimited

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

Transmitter output power: 3.2 kW

Antenna type: Directional

Description: ERI LPX-4E-DA

Antenna Coordinates: North Latitude: 39 deg 42 min 35 sec
West Longitude: 95 deg 02 min 33 sec

Table with 3 columns: Parameter, Horizontally Polarized Antenna, Vertically Polarized Antenna. Rows include Effective radiated power, Height of radiation center above ground, mean sea level, and average terrain.

Antenna structure registration number: 1206810

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 \*\*\*\*\* This is a Section 73.215 contour protection grant \*\*\*\*\*
\*\*\*\*\* as requested by this applicant \*\*\*\*\*

2 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:

- 3 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:

10 kilowatts.

Principal minima and their associated field strength limits:

130 degrees True: 0.320 kilowatts

- 4 Educational Media Foundation requests waiver of 47. C.F.R. Section 73.1125 to operate the proposed facility as "satellite" of co-owned noncommercial educational FM station KLRD (FM), Yucaipa, California, (Facility ID No.: 60144). 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 \*\*\*