

United States of America

FEDERAL COMMUNICATIONS COMMISSION AM BROADCAST STATION LICENSE

Authorizing Official:

Official Mailing Address:

CSN INTERNATIONAL

P.O. BOX 391

4002 N. 3300 E.

TWIN FALLS ID 83303

Facility Id: 72657

Call Sign: KMHI

License File Number: BML-20130522AEY

Penelope A. Dade Supervisory Analyst Audio Division Media Bureau

Grant Date: October 30, 2013

This license expires 3:00 a.m. local time, October 01, 2021.

This authorization re-issued November 7, 2013, to reflect the correct nighttime power. This is an NCE station.

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.

Hours of Operation: Unlimited

Average hours of sunrise and sunset: Local Standard Time (Non-Advanced)

Jan.	8:15 AM	5:30 PM	Jul.	5:15 AM	8:15 PM
Feb.	7:45 AM	6:15 PM	Aug.	5:45 AM	7:45 PM
Mar.	7:00 AM	6:45 PM	Sep.	6:15 AM	7:00 PM
Apr.	6:00 AM	7:30 PM	Oct.	7:00 AM	6:00 PM
May	5:15 AM	8:00 PM	Nov.	7:30 AM	5:15 PM
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Callsign: KMHI License No.: BML-20130522AEY

Our. J.O. In Dec. 0:13 Am 3:13 Fm

Name of Licensee: CSN INTERNATIONAL

Station Location: MOUNTAIN HOME, ID

Frequency (kHz): 1240

Station Class: C

Antenna Coordinates:

Day

Latitude: N 43 Deg 09 Min 03 Sec Longitude: W 115 Deg 42 Min 26 Sec

Night

Latitude: N 43 Deg 09 Min 03 SecLongitude: W 115 Deg 42 Min 26 Sec

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

Nominal Power (kW): Day: 1.0 Night: 1.0

Antenna Input Power (kW): Day: 1.0 Night: 1.0

Antenna Mode: Day: ND Night: ND

(DA=Directional Antenna, ND=Non-directional Antenna; CH=Critical Hours)

Current (amperes): Day: 8.032 Night: 4.016

Resistance (ohms): Day: 15.5 Night: 15.5

Non-Directional Antenna: Day

Radiator Height: 41.7 meters; 62.2 deg
Theoretical Efficiency: 288.07 mV/m/kw at 1km

Non-Directional Antenna: Night

Radiator Height: 41.7 meters; 62.2 deg
Theoretical Efficiency: 288.07 mV/m/kw at 1km

Antenna Registration Number(s):

Day:

Tower No. ASRN

1 None 42.6

Night:

Tower No. ASRN

1 None 42.6

Special operating conditions or restrictions:

- 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.
- Permittee/Licensee shall accept such interference as may be imposed by other existing 250 watt Class C stations in the event that they are subsequently authorized to increase power to 1000 watts.
- Calvary Chapel of Twin Falls, Inc. requests waiver of 47 C.F.R. §
 73.1125 to operate the proposed facility as a "satellite" of co-owned noncommercial educational FM Station KAWZ (FM), Twin Falls, Idaho, (Facility ID No.: 8414). Based upon the specific representations contained therein, the waiver request IS GRANTED. The applicant shall abide by each representation proffered in the waiver request.

*** END OF AUTHORIZATION ***