



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

Authorizing Official:

Official Mailing Address:

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SMILE FM  
3302 N VAN DYKE  
IMLAY CITY MI 48444

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Penelope A. Dade  
Supervisory Analyst  
Audio Division  
Media Bureau

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Facility Id: 90658

Call Sign: WSIS

License File Number: BLED-20081124ABA

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Grant Date: January 08, 2009

This license expires 3:00 a.m.  
local time, October 01, 2012.

This license covers permit no.: BMPED-20070906AGA

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: SMILE FM

Station Location: MI-RIVERSIDE

Frequency (MHz): 88.7

Channel: 204

Class: B1

Hours of Operation: Unlimited

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

Transmitter output power: 2.20 kW

Antenna type: Non-Directional

Description: RFA CLEAN WAVE

Antenna Coordinates: North Latitude: 42 deg 15 min 14 sec  
West Longitude: 86 deg 20 min 09 sec

|  | Horizontally<br>Polarized<br>Antenna | Vertically<br>Polarized<br>Antenna |
|--|--------------------------------------|------------------------------------|
| Effective radiated power in the Horizontal Plane (kW):     | 6.0                                  | 6.0                                |
| Height of radiation center above ground (Meters):          | 115                                  | 115                                |
| Height of radiation center above mean sea level (Meters):  | 307                                  | 307                                |
| Height of radiation center above average terrain (Meters): | 117                                  | 117                                |

Antenna structure registration number: 1253985

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 Pursuant to 47 CFR Sections 73.7002(c) and 73.7005(b) the permittee/licensee is required to construct and operate for a period of four years of on-air operations technical facilities substantially as proposed and shall not downgrade service to the area on which the preference was based.
- 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 Smile FM was granted a waiver of 47. C.F.R. Section 73.1125 to operate the proposed facility as "satellite" of co-owned noncommercial educational FM station WHYT (FM), (Facility ID No.: 84187). 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 \*\*\*