



United States of America
FEDERAL COMMUNICATIONS COMMISSION
FM BROADCAST STATION CONSTRUCTION PERMIT

Official Mailing Address:

CORPORATION FOR NATIVE BROADCASTING
SWO PLANNING DEPARTMENT
PO BOX 907
SISSETON SD 57262

Authorizing Official:

A handwritten signature in black ink, appearing to read "James D. Bradshaw".

James D. Bradshaw
Deputy Chief
Audio Division
Media Bureau

Facility ID: 171940

Call Sign: NEW

Permit File Number: BNPED-20071015ADH

Grant Date: JUN 10 2008

This permit expires 3:00 a.m.
local time, 36 months after the
grant date specified above.

Subject to the provisions of the Communications Act of 1934, as amended, subsequent acts and treaties, and all regulations heretofore or hereafter made by this Commission, and further subject to the conditions set forth in this permit, the permittee is hereby authorized to construct the radio transmitting apparatus herein described. Installation and adjustment of equipment not specifically set forth herein shall be in accordance with representations contained in the permittee's application for construction permit except for such modifications as are presently permitted, without application, by the Commission's Rules.

Commission rules which became effective on February 16, 1999, have a bearing on this construction permit. See Report & Order, Streamlining of Mass Media Applications, MM Docket No. 98-43, 13 FCC RCD 23056, Para. 77-90 (November 25, 1998); 63 Fed. Reg. 70039 (December 18, 1998). Pursuant to these rules, this construction permit will be subject to automatic forfeiture unless construction is complete and an application for license to cover is filed prior to expiration. See Section 73.3598.

Equipment and program tests shall be conducted only pursuant to Sections 73.1610 and 73.1620 of the Commission's Rules.

Name of Permittee: CORPORATION FOR NATIVE BROADCASTING

Station Location: SD-SISSETON

Frequency (MHz): 89.9

Channel: 210

Class: C2

Hours of Operation: Unlimited

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

Transmitter output power: AS required to achieve authorized ERP.

Antenna type: Directional

Antenna Coordinates: North Latitude: 45 deg 31 min 10 sec
 West Longitude: 97 deg 06 min 42 sec

	Horizontally Polarized Antenna	Vertically Polarized Antenna
Effective radiated power in the Horizontal Plane (kW):	10.0	10.0
Height of radiation center above ground (Meters):	100	100
Height of radiation center above mean sea level (Meters):	731	731
Height of radiation center above average terrain (Meters):	211	211

Antenna structure registration number: 1248557

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 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.

- 2 BEFORE PROGRAM TESTS ARE AUTHORIZED, permittee shall submit the results of a complete proof-of-performance to establish the horizontal plane radiation patterns for both the horizontally and vertically polarized radiation components. This proof-of-performance may be accomplished using the complete full size antenna, or individual bays therefrom, mounted on a supporting structure of identical dimensions and configuration as the proposed structure, including all braces, ladders, conduits, coaxial lines, and other appurtenances; or using a carefully manufactured scale model of the entire antenna, or individual bays therefrom, mounted on an equally scaled model of the proposed supporting structure, including all appurtenances. Engineering exhibits should include a description of the antenna testing facilities and equipment employed, including appropriate photographs or sketches and a description of the testing procedures, including scale factor, measurements frequency, and equipment calibration.

- 3 BEFORE PROGRAM TESTS ARE AUTHORIZED, permittee shall submit an affidavit from a licensed surveyor to establish that the directional antenna has been oriented at the proper azimuth.

Special operating conditions or restrictions:

- 4 BEFORE PROGRAM TESTS ARE AUTHORIZED, permittee/licensee shall submit an affidavit that the installation of the directional antenna system was overseen by a qualified engineer. This affidavit shall include a certification by the engineer that the antenna was installed pursuant to the manufacturer's instructions and list the qualifications of the certifying engineer.

- 5 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:

10.0 kilowatts.

Principal minima and their associated field strength limits:

190 degrees True: 6.131 kilowatts

*** END OF AUTHORIZATION ***

Form **SS-4** Application for Employer Identification Number
 (Rev. July 2007) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 Department of the Treasury Internal Revenue Service ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003
 EIN 75-3257806

1 Legal name of entity (or individual) for whom the EIN is being requested
Corporation for Native Broadcasting

2 Trade name of business (if different from name on line 1)
Diana Ganku

3a Mailing address (room, apt., suite no. and street, or P.O. box)
12572 BIA Hwy 700

3b City, state, and ZIP code (if foreign, see instructions)
Agency Village, SD 57262

4a Mailing address (room, apt., suite no. and street, or P.O. box)
12572 BIA Hwy 700

4b City, state, and ZIP code (if foreign, see instructions)
Agency Village SD 57262

5a Street address (if different) (Do not enter a P.O. box.)
12572 BIA Hwy 700

5b City, state, and ZIP code (if foreign, see instructions)
Agency Village SD 57262

6 County and state where principal business is located
Roberts County South Dakota

7a Name of principal officer, general partner, grantor, owner, or trustee
Garryl Rousseau Sr.

7b SSN, TIN, or EIN
503-74-5351

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No

8b If 8a is "Yes," enter the number of LLC members

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN) Estate (SSN of decedent)
 Partnership Plan administrator (TIN)
 Corporation (enter form number to be filed) ▶ Trust (TIN of grantor)
 Personal service corporation National Guard State/local government
 Church or church-controlled organization Farmers' cooperative Federal government/military
 Other nonprofit organization (specify) ▶ **Educational Org.** REMIC Indian tribal governments/enterprises
 Other (specify) ▶ Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State **South Dakota** Foreign country

10 Reason for applying (check only one box)

Started new business (specify type) ▶ Banking purpose (specify purpose) ▶
 Hired employees (Check the box and see line 13.) Changed type of organization (specify new type) ▶
 Compliance with IRS withholding regulations Purchased going business
 Other (specify) ▶ **Started non profit educational organization** Created a trust (specify type) ▶
 Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year **September**

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural Household **1** Other

14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? Yes No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")

15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). **10-17**

16 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker
 Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail
 Other (specify) **Radio Station**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
To provide educational radio programs

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No
 If "Yes," write previous EIN here ▶

Third Party Designee

Designee's name
 Designee's telephone number (include area code)
 Address and ZIP code
 Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Garryl Rousseau Sr** Applicant's telephone number (include area code)
(605) 698-4972
 Signature ▶ **GR** Date ▶ **10/15/07** Applicant's fax number (include area code)
(605) 698-7054

500.00

RECEIVED

10 18 2007

IRS - PHILA. PA

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