| Federal Communications Commission<br>Washington, D.C. 20554 | Approved by OMB<br>3060-0506 (June 2002) | FOR FCC USE ONLY                                     |
|---|--|--|
| FCC 302-FM  |  |  |
| APPLICATION FOR FM BROADCAS<br>LICENSE                      |  | FOR COMMISSION USE ONLY<br>FILE NO.<br>- 20150617AAP |
| Read INSTRUCTIONS Before Filling Out Fo                     | xm                                       |  |

#### Section I - General Information

| 1.                  | Legal Name of the Applicant<br>ONE MEDIA, INC.   |  |  |   |
|---------------------|--|--|--|---|
|                     | Mailing Address<br>506 NORTH PINE  |  |  |   |
|                     | City<br>PITTSBURG  |  | State or Country (if foreign address) KS   | ZIP Code<br>66762 -                     |
|                     | Telephone Number (include area<br>6207041986   |  | E-Mail Address (if available)<br>FCCMAN3@SHENTEL.NET   |   |
|                     | FCC Registration Number:<br>0022426050   | Call Sign<br>KTPB                                      | Facility Identifier<br>190416  | ·                                       |
| 2.                  | Contact Representative (if other JOHN C. TRENT, ESQ.   |  | Firm or Company Name<br>PUTBRESE HUNSAKER & TRENT, F   | ?.C.                                    |
| <del>ا</del> لــــا | Telephone Number (include area<br>5404597646   |  | E-Mail Address (if available)<br>FCCMAN3@SHENTEL.NET   | *************************************** |
|                     | Governmental Entity O Nor<br>N/A (Fee Required)  | nitted without a fee, indic<br>neommercial Educational | cate reason for fee exemption (see 47 C.F<br>Il Licensee/Permittee O Other   | .R. Section 1.1114):                    |
|                     | Facility Information:  |  |  |   |
|                     | a. Commercial  | O Noncommercial  |  |   |
|                     | b. O Directional   | Nondirectional   |  |   |
| 1                   | c. Community of License:   |  |  |   |
| <u></u>             | City: ALTHEIMER State: AR  |  |  |   |
|                     | Program Test Authority:  |  |  |   |
|                     | Requesting program test aut  | thority.   | - Company of the Comp |   |
|                     | Station operating pursuant t   | o automatic program test                               | t authority (47 C.F.R. Section 73.1620(a)  | )(1)).                                  |
| 6.                  | Purpose of Application:  |  |  |   |
|                     | prefix BPH, BNPH, BMPH, BPEI   | D, BMPED, or BMPED):                                   | on permit file number – starts with the  | BNPH-20120517AAO                        |
|                     | BLED, or BMLED):   |  | starts with the prefix BLH, BMLH,  | -                                       |
|                     | O Amend a pending application If an amendment, submit as an E the pending application that are I | Exhibit a listing by Sectio                            | on and Question Number the portions of   | [Exhibit 1]                             |

NOTE: In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

#### Section II - Legal and Financial

| 1  | Certification. Applicant certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Applicant further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets. | ⊙ Yes C No                                      |
|----|--|---|
| 2  | Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.  | • Yes O No See Explanation in [Exhibit 2]       |
| 3  | Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect.  | © Yes C No<br>See Explanation in<br>[Exhibit 3] |
| 4  | Character Issues. Applicant certifies that neither licensee/permittee nor any party to the application has or has had any interest in, or connection with:  a.any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or b.any pending broadcast application in which character issues have been raised.                       | ♥ Yes © No See Explanation in [Exhibit 4]       |
| 5. | Adverse Findings. Applicant certifies that, with respect to the applicant and any party to the application, no adverse finding has been made, nor has an adverse final action been taken related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.  | © Yes C No See Explanation in [Exhibit 5]       |
|    | Anti-Drug Abuse Act Certification. Applicant certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.   | € Yes C No                                      |

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

| Typed or Printed Name of Person Signing<br>NANCY MILLER | Typed or Printed Title of Person Signing PRESIDENT |
|---|--|
| Signature   | Date   |
|   | 6/17/2015  |
|   |  |

## SECTION III - PREPARER'S CERTIFICATION

I certify that I have prepared Section III (Engineering data) on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

| Name<br>LARRY P. WAGGONER                | Relationship to Applicant (e.g., Consulting Engineer) TECHNICAL CONSULTANT |
|--|--|
| Signature                                | Date<br>6/17/2015  |
| Mailing Address<br>8112 WEST MEADOW PASS |  |

| City    | State or Country (if foreign address)             | Zip Code     |
|---------|---|--------------|
| WICHITA | KS  | 67205 - 1647 |
| -       | E-Mail Address (if available)<br>LARRY@LPWAGG.COM |              |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

| I <del></del> |  |                                   |  |  |
|---------------|--|-----------------------------------|--|--|
| 1!            | ction III - Engineering  |                                   |  |  |
| En            | ECHNICAL SPECIFICATIONS  Issure that the specifications below are accurate. Contradicting data found elsewhere in this applicated and seem to the second sec | ation will be                     |  |  |
| T             | ECH BOX  |                                   |  |  |
| 1.            | Channel: 251   |                                   |  |  |
| 2.            | a. Effective Radiated Power: 9.5 kW(H) 9.5 kW(V)   |                                   |  |  |
|               | b. Maximum Effective Radiated Power: kW(H) kW(V)   |                                   |  |  |
| <u> </u>      | (Beam-Tilt Antenna ONLY) Mot Applicable  |                                   |  |  |
| 3.            | Transmitter Power Output: 3.6 kW   |                                   |  |  |
| 4.            | Antenna Data   |                                   |  |  |
|               | Manufacturer     Model     Number of Sections     Spacing Between Sections       DIE     DCRM-6C     6     1   | ctions (wavelength)               |  |  |
| NC<br>be      | TE: In addition to the information called for in this section, an explanatory exhibit providing submitted for each question for which a "No" response is provided.   | g full particulars must           |  |  |
| AII           | ERTIFICATION  Applicants must complete this section.   |                                   |  |  |
| 5.            | Main Studie Location. The main studio location complies with 47 C.F.R. Section 73.1125.  | O Yes O No                        |  |  |
|               |  | See Explanation in<br>[Exhibit 6] |  |  |
| 6.            | Transmitter Power Output. The operating transmitter power output produces the authorized effective radiated power.   | € Yes C No                        |  |  |
|               | See Explanation in [Exhibit 7]   |                                   |  |  |
| On            | PLICATIONS FILED TO COVER A CONSTRUCTION PERMIT.  ly applicants filing this application to cover a construction permit must complete the following s   | section.                          |  |  |
| be :          | TE: In addition to the information called for in this section, an explanatory exhibit providing submitted for each question for which a "No" response is provided.   | g full particulars must           |  |  |
| 7.            | Constructed Facility. The facility was constructed as authorized in the underlying construction permit or complies with 47 C.F.R. Section 73.1690.   | ● Yes O No                        |  |  |
|               |  | See Explanation in<br>[Exhibit 8] |  |  |
| 8.            | Special Operating Conditions. The facility was constructed in compliance with all special  | ⊚ Yes O No                        |  |  |

|    | operating conditions, terms, and obligations described in the construction permit.  | See Explanation in [Exhibit 9]     |
|----|---|------------------------------------|
|    | An exhibit may be required. Review the underlying construction permit.  | [Exhibit 10]                       |
| Or | PPLICATIONS FILED PURSUANT TO 47 C.F.R. SECTIONS 73.1675(c) or 73.1690(c).  Ally applicants filing this application pursuant to 47 C.F.R. Sections 73.1675(c) or 73.1690(c) multiple section.   |                                    |
| 9. | Changing transmitter power output. Is this application being filed to authorize a change in transmitter power output caused by the replacement of omnidirectional antenna with another omnidirectional antenna or an alteration of the transmission line system? See 47 C.F.R. Sections 73.1690(c)(1) and (c)(10).                                      | C Yes C No                         |
| 10 | Increasing effective radiated power. Is this application being filed to authorize an increase in ERP for a station operating in the nonreserved band (Channels 221-300)? See 47 C.F.R. Sections 73.1690(c)(4), (c)(5) and (c)(7).   | O Yes O No                         |
|    | if "Yes" to the above, the applicant certifies the following:   |                                    |
|    | a. Spacing Requirements. The increase in ERP was authorized pursuant to MM Docket 88-375 (Class A stations) OR the facility complies with the spacing requirements of 47 C.F.R. Section 73.207.   | O Yes O No See Explanation in      |
|    | b. International Coordination. The transmitter site is greater than 320 km from the Canadian or Mexican borders OR coordination for the station's international class is complete.  | [Exhibit 11] O Yes O No            |
|    |   | See Explanation in<br>[Exhibit 12] |
|    | c. Interference. The requirements of 47 C.F.R. Section 73.1030 regarding notification to radio astronomy installations, radio receiving installations and FCC monitoring stations have either been satisfied OR are not applicable.   | C Yes C No                         |
|    |   | See Explanation in [Exhibit 13]    |
|    | Exhibit required. If the proposed facility must be notified to the entities set forth in 47 C.F.R. Section 73.1030, the applicant must provide a copy of the written approval for the ERP increase from the affected entity.  | [Exhibit 14]                       |
|    | d. Multiple Ownership Showing. The increase in ERP will not require the consideration of a multiple ownership showing pursuant to 47 C.F.R. Section 73.3555.  | O Yes O No                         |
|    |   | See Explanation in<br>[Exhibit 15] |
|    | e. Environmental Protection Act. The proposed facility is excluded from environmental processing under 47 C.F.R. Section 1.1306 (i.e., the facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the | O Yes O No  See Explanation in     |
|    | applicant can determine compliance through the use of the RF worksheets in Appendix A, an Exhibit is required.  | [Exhibit 16]                       |
|    | By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.   |                                    |
|    | Increasing vertically polarized effective radiated power. Is this application being filed pursuant to 47 C.F.R. Section 73.1690(c)(4) to authorize an increase in the vertically polarized ERP for a station operating in the reserved band (Channels 200-220)?   | C Yes C No                         |
| 1) | If "Yes" to the above, the applicant certifies the following:   |                                    |
|    | a. TV Channel 6 Protection Requirements. The facility complies with the spacing   | O Yes O No                         |

|     | requirements of 47 C.F.R. Section 73.525(a)(1).  | See Explanation in<br>[Exhibit 17]               |
|-----|--|--|
|     | b. Environmental Protection Act. The proposed facility is excluded from environmental processing under 47 C.F.R. Section 1.1 306 (i.e., the facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and u ncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an Exhibit is required. | O Yes O No  See Explanation in [Exhibit 18]      |
|     | By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.  |  |
| 1:  | Decreasing effective radiated power (non-reserved channel). Is this application being filed pursuant to 47 C.F.R. Section 73.1690(c)(8) to authorize a decrease in the ERP for a station operating in the nonreserved band (Channels 221-300)?  If "Yes" to the above, the applicant certifies the following:  | O Yes O No                                       |
|     | a. Community Coverage. The proposed facility complies with the community coverage requirements of 47 C.F.R. Section 73.315 where the distance to the 3.16 mV/m contour is predicted using the standard prediction method in 47 C.F.R. Section 73.313.  | O Yes O No  See Explanation in [Exhibit 19]      |
|     | b. Auxiliary Facilities. The authorized or pending auxiliary facilities for this station comply with 47 C.F.R. Section 73.1675(a).   | O Yes O No See Explanation in                    |
|     | c. Multiple Ownership Showing. The decrease in ERP is not requested or required to establish compliance with 47 C.F.R. Section 73.3555.  | [Exhibit 20]  O Yes O No  See Explanation in     |
| 13  | Decreasing effective radiated power (reserved channel). Is this application being filed pursuant to 47 C.F.R. Section 73.1690(c)(8) to authorize a decrease in the ERP for a station operating in the reserved band (Channels 200-220)?  | [Exhibit 21] O Yes O No                          |
|     | If "Yes" to the above, the applicant certifies the following:  |  |
|     | a. Community Coverage. The proposed facility complies with the community coverage requirements of 47 C.F.R. Section 73.1690(c)(8)(i) where the distance to the 1 mV/m contour is predicted using the standard prediction method in 47 C.F.R. Section 73.313.   | C Yes C No  See Explanation in [Exhibit 22]      |
|     | b. Auxiliary Facilities. The authorized or pending auxiliary facilities for this station comply with 47 C.F.R. Section 73.1675(a).   | O Yes O No See Explanation in                    |
| 11  | Payloging a Knowledge Land and Market Line Line Line Line Line Line Line Line  | [Exhibit 23]                                     |
| 114 | Replacing a directional antenna. Is this application being filed pursuant to 47 C.F.R. Section 73.1690(c)(2) to replace a directional antenna with another directional antenna?  | C Yes C No                                       |
|     | If "Yes" to the above, the applicant certifies the following:  |  |
|     | a. Measurement of Directional Antenna. The composite measured pattern and measurement procedures comply with 47 C.F.R. Section 73.1690(c)(2). Exhibit required.  | C Yes C No<br>See Explanation in<br>[Exhibit 24] |
|     |  | [Exhibit 25]                                     |

|     | b. Installation of Directional Autenna. The installation of the directional antenna complies with 47 C.F.R. Section 73.1690(c)(2). Exhibit required.  | O Yes O No See Explanation in [Exhibit 26] [Exhibit 27] |
|-----|---|---|
| 15. | Deleting contour protection status. Is this application being filed pursuant to 47 C.F.R. Section 73.1690(c)(6) to delete contour protection status (47 C.F.R. Section 73.215) for a station operating in the nonreserved band (Channels 221-300)?  | O Yes O No  |
|     | If "Yes" to the above, the applicant certifies that the facility complies with the spacing requirements of 47 C.F.R. Section 73.207.  | O Yes O No  |
|     |   | See Explanation in<br>[Exhibit 28]                      |
|     | Use a formerly licensed main facility as an auxiliary facility. Is this application being filed pursuant to 47 C.F.R. Section 73.1675(c)(1) to request authorization to use a formerly licensed main facility as an auxiliary facility and/or change the ERP of the proposed auxiliary facility?  If "Yes" to the above, the applicant certifies the following:   | O Yes O No  |
|     | a. Auxiliary antenna service area. The proposed auxiliary facility complies with 47 C.F.R. Section 73.1675(a).  | O Yes O No  |
|     |   | See Explanation in<br>[Exhibit 29]                      |
|     | b. Environmental Protection Act. The proposed facility is excluded from environmental processing under 47 C.F.R. Section 1.1 306 (i.e., the facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an Exhibit is required. | O Yes O No  See Explanation in [Exhibit 30]             |
|     | By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.   |   |
|     | Change the license status. Is this application being filed pursuant to 47 C.F.R. Section 73.1690(c)(9) to change the license status from commercial to noncommercial or from noncommercial to commercial?   | O Yes O No  |
|     | If "Yes" to the above, submit an exhibit providing full particulars. For applications changing license status from commercial to noncommercial, include Section II of FCC Form 340 as an exhibit to this application.   | [Exhibit 31]  |
| PRI | EPARERS CERIFICATION ON PAGE 3 MUST BE COMPLETED AND SIGNED.  |   |
|     |   |   |

| ~ |     |   | ٠ |    |   |    |  |
|---|-----|---|---|----|---|----|--|
|   | C×. | h | ú | 'n | ń | re |  |

### **John Trent**

From:

paygovadmin@mail.doc.twai.gov

Sent:

Wednesday, June 17, 2015 2:39 PM

To:

fccman3@shentel.net

Subject:

Pay.gov Payment Confirmation: Remittance Advice

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or you wish to cancel this payment, please contact FCC Financial Operations Group Help Desk at <a href="mailto:ARINQUIRIES@fcc.gov">ARINQUIRIES@fcc.gov</a> at 877-480-3201 option 4.

Application Name: Remittance Advice

Pay.gov Tracking ID: 25LSN6SP Agency Tracking ID: PGC2691848

Transaction Type: Sale

Transaction Date: Jun 17, 2015 2:39:06 PM

Account Holder Name: Bill Wachter Transaction Amount: \$215.00

Billing Address: 3304 Grand Oaks Drive

City: Pittsburg State/Province: KS Zip/Postal Code: 66762

Country: USA
Card Type: Discover

Card Number: \*\*\*\*\*\*\*\*\*\*3055

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

## FCC MB - CDBS Electronic Filing Application Reference Number: 20150617AAP Successfully filed at Jun 17 2015 2:36PM

## A Fee Payment is Required for this application. The Total Fee is \$215.

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu/ Informal Menu. See the CDBS User's Guide for more information about fee payment.

Electronic Form 159. Return to Main Menu Logout

Payment must be received by US Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.



**Online Payment** 

Step 3: Confirm Payment

1 | 2 | 3

Thank you.

Your transaction has been successfully completed.

Pay.gov Tracking Information

**Application Name: Remittance Advice** 

Pay.gov Tracking ID: 25LSN6SP Agency Tracking ID: PGC2691848

Transaction Date and Time: 06/17/2015 14:39 EDT

Payment Summary

| Address Information   | Account Information  | Payment Information  |
|---|--|--|
| Account Holder<br>Name: Bill Wachter<br>3304 Grand Oaks<br>Billing Address: Drive | Card Type: Discover<br>Card Number: **********3055   | Payment Amount: \$215.00 Transaction Date 06/17/2015 14:39 and Time: EDT |
| Billing Address 2:  |  |  |
| City: Pittsburg   | The second secon |  |
| State / Province: KS  |  |  |
| Zip / Postal Code: 66762  |  |  |
| Country: USA  |  |  |



## Electronic Form 159

## **Payment Confirmation**

Your transaction has been approved. For your records, please note the following:

**AGENCY TRACKING ID:** 

PGC2691848

**AUTHORIZATION NUMBER:** 

01725Q

**AMOUNT PAID:** 

\$215.00





#### **Customer Service**

FCC Fees

Web Policies / Privacy Policy

FCC Home Page

If you have any questions or concerns please contact your licensing system help desk.

## Agency Tracking ID:PGC2691848 Authorization Number:01725Q

# Successful Authorization -- Date Paid: 6/17/15 FILE COPY ONLY!!

| CAREFULLY BEFORE PROCEEDING PROCEEDING PROCEDING PROCEDI  | READ INSTRUCTIONS            | FRDERAL COMMUN                                       | ICATION   | IS COMMI            | RESION     |   | 1                                       | A DUB CHEED BY ON           |  |
|---|------------------------------|--|-----------|---------------------|------------|---|---|-----------------------------|--|
| (1) LOCKBOX #979089  SECTION A - Payer Information  SECTION A - Payer Information  (2) PAYER NAME (If paying by credit cord, enter name exactly as it appears on your card)  (3) TOTAL AMOUNT PAID (dollars and cer 0.20 one Media, Inc.  (4) STREET ADDRESS LINE NO. 1  200 S. Church Street  (5) STREET ADDRESS LINE NO. 2  (6) CITY  Woodstock  (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (10) COUNTRY CODE (IF NOT IN U.S. A.)  (10) COUNTRY CODE (IF NOT IN U.S. A.)  (11) FAYER (FRN)  (12) FAYER NAME AND THE APPLICANT, USE CONTINUATION SIBERTS (FORM 159-C)  (13) APPLICANT NAME  IF PAYER NAME AND THE APPLICANT, USE CONTINUATION SIBERTS (FORM 159-C)  (14) STREET ADDRESS LINE NO. 1  506 NORTH PINE  (15) STREET ADDRESS LINE NO. 2  (16) CITY  PITTSBURG  (17) STATE  (18) ZIP CODE  KS  (17) STATE  (18) ZIP CODE  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (10) STREET ADDRESS LINE NO. 2  (10) CITY  PITTSBURG  (10) COUNTRY CODE (IF NOT IN U.S. A.)  (10) APPLICANT (FRN)  (11) APPLICANT (FRN)  (12) APPLICANT (FRN)  (13) APPLICANT (FRN)  (14) PAYER (FRN) AND TAX IDENTIFICATION NUMBER (FIN) REQUIRED  (15) APPLICANT (FRN)  (16) CITY  (17) STATE  (18) ZIP CODE  (19) DAYTIME TELEPHONE NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED  (14) STREET ADDRESS LINE NO. 1  (15) APPLICANT (FRN)  (16) CITY  (17) STATE  (18) ZIP CODE  (18) ZIP CODE  (19) DAYTIME TELEPHONE NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED  (14) PAYER (FRN)  (15) APPLICANT (FRN)  (16) CITY  (17) STATE  (18) ZIP CODE  (18) ZIP CODE  (19)  | CAREFULLY BEFORE             | FEDERAL COMMUNICATIONS COMMISSION  REMITTANCE ADVICE |           |                     |            |   |   | APPROVED BY ON<br>3060-0    |  |
| SECTION A - Payer Information  (2) PAYER NAME (if paying by credit card, enter name essettly as it appears on your card)  (3) TOTAL AMOUNT PAID (dollars and cere name does that as it appears on your card)  (4) STREET ADDRESS LINE NO. 1  200 S. Church Street  (5) STREET ADDRESS LINE NO. 2  (6) CITY  (6) CITY  (7) STATE (8) ZIP CODE  (8) ZOUNTRY CODE (IF NOT IN U.S.A.)  (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (10) COUNTRY CODE (IF NOT IN U.S.A.)  (12) FCC REGISTRATION NUMBER (IRN) AND TAX IDENTIFICATION NUMBER (IRN) REQUIRED  (13) APPLICANT NAME  IF PAYER NAME AND THE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  (14) STREET ADDRESS LINE NO. 1  SOON EMEDIA, INC.  (14) STREET ADDRESS LINE NO. 1  SOO NORTH PINE  (15) STREET ADDRESS LINE NO. 2  (16) CITY  (17) STATE (18) ZIP CODE  (18) COUNTRY CODE (IF NOT IN U.S.A.)  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (20) COUNTRY CODE (IF NOT IN U.S.A.)  (10) COUNTRY CODE (IF NOT IN U.S.A.)  (12) COUNTRY CODE (IF NOT IN U.S.A.)  (13) APPLICANT (IFR)  (20) COUNTRY CODE (IF NOT IN U.S.A.)  (14) STREET ADDRESS LINE NO. 1  (15) STREET ADDRESS LINE NO. 2  (16) CITY  (17) STATE  (18) ZIP CODE  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (20) COUNTRY CODE (IF NOT IN U.S.A.)  (19) COUNTRY CODE (IF NOT IN U.S.A.)  (19) APPLICANT (IFR)  (20) COUNTRY CODE (IF NOT IN U.S.A.)  (17) STATE  (24A) PROCEDED (INCLUDING AREA CODE)  (25A) QUARTILE  (25A) FCC CODE 1  (25A) QUARTILE  (25A) PROCEDED (INCLUDING AREA CODE)  (25A) QUARTILE  (  | PROCEEDING                   |  |           |                     |            |   | SPECIAI                                 | USE                         |  |
| SECTION A - Payer Information  (2) PAYER NAME (if paying by credit card, cater name seartly as it appears on your card)  (3) TOTAL AMOUNT PAID (dollars and cere Date Media, Inc.  (4) STREET ADDRESS LINE NO. 1  200 S. Chartch Street  (3) STREET ADDRESS LINE NO. 2  (6) CITY  (7) STATE  (8) ZIP CODE  (8) CONTY CODE (P NOT IN U.S.A.)  (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (10) PAYER (PRN)  (11) PAYER (PRN)  (12) PCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED  (13) APPLICANT NAME  (14) STREET ADDRESS LINE NO. 1  IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  (13) APPLICANT NAME  (14) STREET ADDRESS LINE NO. 1  SOR ONGETH PINE  (15) STREET ADDRESS LINE NO. 2  (16) CITY  (17) STATE  (17) STATE  (18) ZIP CODE  (17) STATE  (18) ZIP CODE  (17) STATE  (18) ZIP CODE  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (20) COUNTRY CODE (IP NOT IN U.S.A.)  (21) APPLICANT (PIN)  (22) FCC USE ONLY  (24) PREVIOUS CODE (IP NOT IN U.S.A.)  (24) PREVIOUS CODE (IP NOT IN U.S.A.)  (25) FCC CODE (IP NOT IN U.S.A.)  (24) PREVIOUS CODE (IP NOT IN U.S.A.)  (25) PCC USE ONLY  (26) PCC USE ONLY  (27) Total Fee  (26) PCC USE ONLY  (27) APPLICANT (PIN)  (26) PCC USE ONLY  (27) Total Fee  (27) CODE (IP NOT IN U.S.A.)  (25) Quantity  MHR  (25) QUANTITY (CODE (IP NOT IN U.S.A.)  (26) PCC USE ONLY  (27) Total Fee  (27) CODE (IP NOT IN U.S.A.)  (27) Total Fee  (27) CODE (IP NOT IN U.S.A.)  (28) PCC CODE (IP NOT IN U.S.A.)  (29) PCC USE ONLY  (25) Quantity  (25) Quantity  (25) Quantity  (25) Quantity  |                              | •  |           |                     |            |   | ECC HSE ONLY                            |                             |  |
| (2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)  One Media, Inc.  (4) S TREET ADDRESS LINE NO, 1  200 S. Church Street  (5) STREET ADDRESS LINE NO, 2  (6) CITY  Wooodstock  (7) STATE  (8) ZIP CODE  WOOOdstock  (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED  (11) PAYER (FRN)  0022426050  IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  (13) APPLICANT NAME  (15) STREET ADDRESS LINE NO, 2  (16) CITY  PITTSBURG  (15) STREET ADDRESS LINE NO, 2  (16) CITY  PITTSBURG  (17) STATE  (17) STATE  (18) ZIP CODE  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (20) COUNTRY CODE (IF NOT IN U.S.A.)  (21) APPLICANT (PRN)  022 PCC USE ONLY  COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET  (23A) FCC Call Sign/Other ID  KTPB  (24A) Payment Type Code(PTC)  (25A) Quantity  MHR  (25A) Quantity  PCC USE Only  S215.00  (25B) Quantity  (26B) Payment Type Code(PTC)  (27B) Quantity  (27B) Quantity   | (1) LOCKBOX #979089          |  |           |                     |            |   |   |                             |  |
| One Media, Inc.  (4) STREET ADDRESS LINE NO. 1 200 S. Church Street  (5) STREET ADDRESS LINE NO. 2  (6) CITY  Wooodstock  (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  540-4597646  (10) COUNTRY CODE (IF NOT IN U.S.A.)  100 S. CHARLES ADDRESS LINE NO. 2  (10) COUNTRY CODE (IF NOT IN U.S.A.)  (11) PAYER (FRN)  (12) FCC USE ONLY  (12) FCC USE ONLY  (13) APPLICANT NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  (14) STREET ADDRESS LINE NO. 1  506 NORTH PINE  (15) STREET ADDRESS LINE NO. 2  (16) CITY  PTTTSBURG  (17) STATE  (18) ZIP CODE  (18) APPLICANT (FRN)  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (20) COUNTRY CODE (IF NOT IN U.S.A.)  (21) APPLICANT (FRN)  (22) PCC USE ONLY  (23) APPLICANT (FRN)  (24) PRIMERT TIDE ONLY  (25) QUANTITY CODE (IF NOT IN U.S.A.)  (24) PRIMERT TIDE ONLY  (25) QUANTITY CODE (IF NOT IN U.S.A.)  (25) QUANTITY CODE (IF NOT IN U.S.A.)  (26) COUNTRY CODE (IF NOT IN U.S.A.)  (27) COUNTRY CODE (IF NOT IN U.S.A.)  (28) FCC Call Sign/Other ID  KTPB  (24) Payment Type Code(PTC)  (25) Quantity  MITH  (26A) FED DUE for (PTC)  (26B) Payment Type Code(PTC)  (27B) QUANTITY  (27B) QUANTIT  |                              | SECTIO   | N A - P   | ayer Infor          | nation     |   |   |                             |  |
| OR PRESENT ADDRESS LINE NO. 1   | (2) PAYER NAME (if paying b  | y credit card, enter name exactly as it appea        | ars on yo | ur card)            |            |   |   | OUNT PAID (dollars and cent |  |
| 208 S. Church Street (3) STREET ADDRESS LINE NO. 2 (6) CITY (7) STATE (8) ZIP CODE (8) QUAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (10) COUNTRY CODE (IF NOT IN U.S.A.) (11) PAYER (PRN) (12) PAYER (PRN) (12) PAYER (PRN) (12) PAYER (PRN) (13) PAYER (PRN) (14) STREET ADDRESS LINE NO. 1 (15) STREET ADDRESS LINE NO. 1 (16) CITY (17) STATE (18) ZIP CODE (17) STATE (18) ZIP CODE (18) APPLICANT NAME ONE MEDIA, INC. (14) STREET ADDRESS LINE NO. 1 (15) STREET ADDRESS LINE NO. 2 (16) CITY (17) STATE (18) ZIP CODE (18) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (20) COUNTRY CODE (IF NOT IN U.S.A.) (21) APPLICANT (PRN) (22) PCC USE ONLY (23A) FCC Call Sign/Other ID (24A) Payment Type Code(PTC) (25A) Quantity MHR (25A) Quantity (25A) Quantity MHR (25A) Quantity (25B) Quantity  | One Media, Inc.              |  | •         | ·                   |            | \$2                                     | 15.00                                   |                             |  |
| (5) STREET ADDRESS LINE NO. 2  (6) CITY WOOOdstock WOODSTATE VA 22664  (20) COUNTRY CODE (IF NOT IN U.S.A.) US  FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED  (11) PAYER (FRN) WOODSTATE IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) (13) APPLICANT NAME ONE MEDIA, INC. (14) STREET ADDRESS LINE NO. 1  SOE NORTH PINE (15) STREET ADDRESS LINE NO. 2  (16) CITY PITTSBURG (17) STATE (18) ZIP CODE KS (6762- (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (20) COUNTRY CODE (IF NOT IN U.S.A.)  FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED (21) APPLICANT (FRN) WOOQ22426050  COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET (23A) FCC Call Sign/Other ID  KTPB (24A) Payment Type Code(PTC) (25A) Quantity MHR 1  (25A) FCC CODE 1  190416 (25B) FCC CODE 2  COBS20150617AAP  (25B) Quantity  |                              | NO. 1  |           |                     |            |   |   |                             |  |
| (6) CITY Wooodstock (7) STATE (8) ZIP CODE Wooodstock (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) S40-4597646  FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED (11) PAYER (FRN) 0022426050  IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) ONE MEDIA, INC. (14) STREET ADDRESS LINE NO. 1 506 NORTH PINE (15) STREET ADDRESS LINE NO. 2  (16) CITY (17) STATE (18) ZIP CODE (18) ZIP CODE (19) APPLICANT (FRN) (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (19) ZIP CODE (10) ZIP CODE (1  |                              |  |           |                     |            | Mana store                              |   |                             |  |
| VA   22664     (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)   (10) COUNTRY CODE (IF NOT IN U.S.A.)  | (5) STREET ADDRESS LINE      | NO. 2  |           |                     |            |   |   |                             |  |
| VA   22664     (9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)   (10) COUNTRY CODE (IF NOT IN U.S.A.)     S40-4597646  | (6) CITY                     |  |           |                     |            | (7) STATE                               |   | (8) ZIP CODE                |  |
| S40-4597646   US  | Woodstock                    |  |           |                     |            | VA                                      |   | I                           |  |
| FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (FIN) REQUIRED  (11) PAYER (FRN) (12) FCC USE ONLY  (12) FCC USE ONLY  (13) APPLICANT NAME  (14) STREET ADDRESS LINE NO. 1  506 NORTH PINE (15) STREET ADDRESS LINE NO. 2  (16) CITY  PTTTSBURG (17) STATE (18) ZIP CODE  (17) STATE (18) ZIP CODE  (18) AVTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (20) COUNTRY CODE (IF NOT IN U.S.A.) (21) APPLICANT (FRN) (22) FCC USE ONLY  COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET (23A) FCC Call Sign/Other ID  KTPB (24A) Payment Type Code(PTC) (25A) Quantity MHR (27A) Total Fce S215.00 (25B) Quantity  (25B) Quantity   | p.                           |  |           |                     |            |   |   |                             |  |
| (12) FCC USE ONLY  (12) FCC USE ONLY  (13) APPLICANT NAME  IF PAYER NAME AND THE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  (13) APPLICANT NAME  ONE MEDIA, INC.  (14) STREET ADDRESS LINE NO. 1  506 NORTH PINE  (15) STREET ADDRESS LINE NO. 2  (16) CITY  (17) STATE  (18) ZIP CODE  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (20) COUNTRY CODE (IF NOT IN U.S.A.)  (21) APPLICANT (FRN)  (22) FCC USE ONLY  (22) FCC USE ONLY  (23A) FCC Call Sign/Other ID  (24A) Payment Type Cade(PTC)  (25A) Quantity  (25B) Quantity  (25B) Quantity   |                              |  |           |                     |            |   |   |                             |  |
| IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B   IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)   |                              | REGISTRATION NUMBER (FRN) A                          |           |                     |            |   | 'IN) REQUI                              | RED                         |  |
| IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  (13) APPLICANT NAME ONE MEDIA, INC.  (14) STREET ADDRESS LINE NO. 1  506 NORTH PINE  (15) STREET ADDRESS LINE NO. 2  (16) CITY  (17) STATE  (18) ZIP CODE  KS  66762-  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  6207041986  FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED  (21) APPLICANT (FRN)  0022426050  COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET  (23A) FCC Call Sign/Other ID  KTPB  (24A) Payment Type Code(PTC)  \$215.00  (29A) FCC CODE 1  190416  (24B) Payment Type Code(PTC)  (25B) Quantity  |                              |  |           | (12) FCC (          | JSE ONLY   |   |   |                             |  |
| If MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  |                              | DAVED NAME AND THE ADDITION                          | PP NIA NA | E ADE DI            | Springson  |   | N GNOWN                                 |                             |  |
| ONE MEDIA, INC.  (14) STREET ADDRESS LINE NO. 1  506 NORTH PINE  (15) STREET ADDRESS LINE NO. 2  (16) CITY  PTT TSBURG  (17) STATE  (18) ZIP CODE  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)  (20) COUNTRY CODE (IF NOT IN U.S.A.)  USA  FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED  (21) APPLICANT (FRN)  (22) FCC USE ONLY  (23A) FCC Call Sign/Other ID  KTPB  (24A) Payment Type Code(PTC)  (25A) Quantity  MHR  (25A) FCC CODE I  (29A) FCC CODE 2  CDBS20150617AAP  (25B) Quantity  | 1.0                          | IF MORE THAN ONE APPLICAN                            | r, use    | e ake di<br>Continu | ATION S    | , complet<br>Heets (for                 | E SECTION<br>RM 159-C)                  | A B                         |  |
| (14) STREET ADDRESS LINE NO. 1  506 NORTH PINE (15) STREET ADDRESS LINE NO. 2  (16) CITY PITTSBURG (17) STATE KS (18) ZIP CODE 66762- (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (20) COUNTRY CODE (IF NOT IN U.S.A.)  10SA FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED (21) APPLICANT (FRN) (22) FCC USE ONLY (23A) FCC Call Sign/Other ID KTPB (24A) Payment Type Code(PTC) (25A) Quantity MHR (25A) Quantity (25B) Quantity (25B) Quantity (25B) Quantity (25B) Quantity   |                              |  |           | <u></u>             |            |   |   |                             |  |
| (15) STREET ADDRESS LINE NO. 2   (17) STATE   (18) ZIP CODE   (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)   (20) COUNTRY CODE (IF NOT IN U.S.A.)   (17) STATE   (18) ZIP CODE   (18) ZI  |                              |  |           |                     |            |   |   |                             |  |
| (15) STREET ADDRESS LINE NO. 2  (16) CITY PTTTSBURG  (17) STATE (18) ZIP CODE (17) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (20) COUNTRY CODE (IF NOT IN U.S.A.)  (21) APPLICANT (FRN) (22) FCC USE ONLY (22) FCC USE ONLY (23A) FCC Call Sign/Other ID (24A) Payment Type Code(PTC) (25A) Quantity KTPB (26A) Fee Due for (PTC) (27A) Total Fee (27A) Total Fee (28A) FCC CODE I (29A) FCC CODE 2 (29B) Payment Type Code(PTC) (25B) Quantity  |                              | NO. 1  |           |                     |            |   |   |                             |  |
| (16) CITY PTTTSBURG  (17) STATE KS 66762-  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (10) COUNTRY CODE (IF NOT IN U.S.A.) (17) STATE (18) ZIP CODE (20) COUNTRY CODE (IF NOT IN U.S.A.) (18) ZIP CODE (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (19) COUNTRY CODE (IF NOT IN U.S.A.) (19) COUNTRY CODE (IF NOT IN U.S.A.) (20) COUNTRY CODE (IF NOT IN U.S.A.) (21) APPLICANT (FRN) (22) FCC USE ONLY (22) FCC USE ONLY (23) FCC COIL Sign/Other ID (24A) Payment Type Code(PTC) (25A) Quantity (25A) FCC USE Only (25A) FCC CODE I (25B) Quantity (25B) Quantity (25B) Quantity  |                              | NA 4   |           |                     |            |   |   |                             |  |
| PITTSBURG  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (20) COUNTRY CODE (IF NOT IN U.S.A.)  (21) APPLICANT (FRN) (22) FCC USE ONLY (23) FCC Call Sign/Other ID (24A) Payment Type Code(PTC) (25A) FCC USE ONLY (25A) FCC CODE I (29A) FCC CODE 2 (29A) FCC CODE 2 (29A) FCC CODE 2 (29B) FCC Call Sign/Other ID (24B) Payment Type Code(PTC) (25B) Quantity  | (12) 2 LYEST YONKS29 THIS    | NO. 2  |           |                     |            |   |   |                             |  |
| PITTSBURG  (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) (20) COUNTRY CODE (IF NOT IN U.S.A.)  (21) APPLICANT (FRN) (22) FCC USE ONLY (23) FCC Call Sign/Other ID (24A) Payment Type Code(PTC) (25A) FCC USE ONLY (25A) FCC CODE I (29A) FCC CODE 2 (29A) FCC CODE 2 (29A) FCC CODE 2 (29B) FCC Call Sign/Other ID (24B) Payment Type Code(PTC) (25B) Quantity  | (K) CITV                     |  | ALTHUM    |                     | 7          | (13) 6°0,470                            |   | Kin zin anan                |  |
| (19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 6207041986  FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED (21) APPLICANT (FRN) 6022426050  COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET (23A) FCC Call Sign/Other ID (24A) Payment Type Code(PTC) (25A) Quantity KTPB (27A) Total Fee (27A) Total Fee (28A) FCC CODE I (29A) FCC CODE 2 (29A) FCC CODE 2 (29B) FCC Coll Sign/Other ID (24B) Payment Type Code(PTC) (25B) Quantity (25B) Quantity  | PITTSBURG                    |  |           |                     | I          | (17) STATE<br><b>KS</b>                 |   |                             |  |
| SA  | (19) DAYTIME TELEPHONE N     | NUMBER (INCLUDING AREA CODE)                         |           |                     |            | _                                       | IF NOT IN I                             |                             |  |
| (21) APPLICANT (FRN) 6022426050  COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET  (23A) FCC Call Sign/Other ID  KTPB  (24A) Payment Type Code(PTC)  (25A) Quantity  1  (26A) Fee Due for (PTC)  \$215.00  (27A) Total Fee  \$215.00  (29A) FCC CODE 2  (29A) FCC CODE 2  (29B) FCC CODE 2  (25B) Quantity  (25B) Quantity   |                              |  |           |                     |            |   |   |                             |  |
| COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET (23A) FCC Call Sign/Other ID  | FCC                          | REGISTRATION NUMBER (FRN) AI                         | ND TAX    | IDENTIF             | ICATION    | NUMBER (T                               | IN) REQUI                               | RED                         |  |
| COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET  (23A) FCC Call Sign/Other ID  KTPB  (24A) Payment Type Code(PTC)  (25A) Quantity  MHR  1  (26A) Fee Due for (PTC)  \$215.00  \$215.00  (29A) FCC CODE 2  |                              |  |           | (22) FCC L          | ISE ONLY   | *************************************** |   |                             |  |
| (23A) FCC Call Sign/Other ID  KTPB  (24A) Payment Type Code(PTC)  (25A) Quantity  MHR  1  (26A) Fee Due for (PTC)  \$215.00  \$215.00  (29A) FCC CODE 2   |                              |  |           |                     |            |   |   |                             |  |
| KTPB  |                              | SECTION C FOR EACH SERVICE, I                        |           | A. C. C             |            |   | ONTINUAT                                | TION SHEET                  |  |
| (26A) Fee Due for (PTC)  \$215.00  \$215.00  \$215.00  \$215.00  \$215.00  \$2215. | (23A) FCC Call Sign/Other ID | VTDD   |           | (24A) Paym          | ent Type C |   |   | (25A) Quantity              |  |
| \$215.00 \$215.00  (28A) FCC CODE 1  190416  (29A) FCC CODE 2  CDBS20150617AAP  (24B) Payment Type Code(PTC)  (25B) Quantity  | (26A) Fee Due for (PTC)      | MARO   |           | OTAL Trade          | 17         | MHK                                     | ,_,. <u>.</u>                           | 1                           |  |
| (28A) FCC CODE I       (29A) FCC CODE 2         (29B) FCC Coll Sign/Other ID       (24B) Payment Type Code(PTC)       (25B) Quantity  | (2011) I to Date to (2 10)   | \$215.00   | Ĭ         | (SIA) TOISI         |            | \$215.00                                |   | FCC Use Only                |  |
| 190416         CDBS20150617AAP           (23B) FCC Call Sign/Other ID         (24B) Payment Type Code(PTC)         (25B) Quantity   | (28A) FCC CODE I             |  | (29A) F   | CC CODE             |            | ,21010                                  | س. سبر غات                              |                             |  |
| (23B) FCC Call Sign/Other ID (24B) Payment Type Code(PTC) (25B) Quantity  |                              | 190416   |           |                     | _          | CDBS201                                 | 50617AA                                 | P                           |  |
| (LOD) Quanty  | 020 FCO 6.11 62 10.1         |  |           |                     |            |   | *************************************** |                             |  |
| (26B) Fcc Due for (PTC) (27B) Total Fee FCC Use Only  |                              |  |           | (24B) Paym          | ent Type C | Code(PTC)                               |   | (25B) Quantity              |  |
|   | (26B) Fee Due for (PTC)      |  |           | (27B) Total         | Fee        |   |   | FCC Use Only                |  |