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June 6, 2005

VIA COURIER TO MELLON BANK

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
Portals II Building
445 Twelfth Street, S.W.
TW-A325
Washington, D.C. 20554

Re: Station KSMO-DT, Kansas City, MO (FIN: 33336)
FCC File No. BEDSTA-20041119AGD, granted December 21, 2004
Request for Extension of STA

Dear Ms. Dortch:

On behalf of KSMO Licensee, Inc., the permittee of Station KSMO-DT, Kansas City, Missouri, this is to request an extension of the DTV STA which was granted on December 21, 2004 and is due to expire on June 21, 2005. KSMO-DT is on the air and operating pursuant to the STA.

Attached hereto is a check in the amount of \$150.00, made payable to the FCC, along with FCC Form 159, to cover the required filing fee. Also attached is an Anti-Drug Certification.

If there are any questions concerning this request, please communicate with the undersigned.

Very truly yours,

Kathryn R. Schmeltzer

Attachments

cc w/attachs: Mr. Keith Larson
Clay Pendarvis, Esq.

33070-0021
Document #: 1483538 v.1

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

(1) LOCKBOX # 358165	SPECIAL USE ONLY <hr/> FCC USE ONLY
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SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Sinclair Broadcast Group, Inc.		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$150.00
(4) STREET ADDRESS LINE NO. 1 c/o Pillsbury Winthrop Shaw Pittman LLP Attn: K. Schmeltzer		
(5) STREET ADDRESS LINE NO. 2 2300 N Street, N.W.		
(6) CITY Washington	(7) STATE DC	(8) ZIP CODE 20037
(9) DAYTIME TELEPHONE NUMBER (include area code) (202) 663-8217	(10) COUNTRY CODE (if not in U.S.A.)	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0004331096	(12) FCC USE ONLY
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IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)
COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(13) APPLICANT NAME KSMO Licensee, Inc.		
(14) STREET ADDRESS LINE NO. 1 c/o Pillsbury Winthrop Shaw Pittman LLP Attn: K. Schmeltzer		
(15) STREET ADDRESS LINE NO. 2 2300 N Street, N.W.		
(16) CITY Washington	(17) STATE DC	(18) ZIP CODE 20037
(19) DAYTIME TELEPHONE NUMBER (include area code) (202) 663-8217	(20) COUNTRY CODE (if not in U.S.A.)	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 0002148146	(22) FCC USE ONLY
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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID KSMO-DT	(24A) PAYMENT TYPE CODE MGT	(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) \$150.00	(27A) TOTAL FEE \$150.00	FCC USE ONLY
(28A) FCC CODE 1 33336	(29A) FCC CODE 2	
(23b) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2	

SECTION D - CERTIFICATION

CERTIFICATION STATEMENT

I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.

SIGNATURE _____ DATE _____

SECTION E - CREDIT CARD PAYMENT INFORMATION

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

I hereby authorize the FCC to charge my credit card for the service(s) authorization herein described.

SIGNATURE _____ DATE _____

Sinclair Broadcast Group, Inc.
 10706 Beaver Dam Rd
 Cockeysville, MD 21030

REMITTANCE ADVICE

Check No. **115000925**

Date : 02-JUN-05

Vendor Name : FCC

Vendor No. : 431

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
06/05 KSMO DT	02-JUN-05	06/05 KSMO DTV STA	150.00	0.00	150.00
TOTALS			150.00	0.00	150.00

VOID FEATURE PANTOGRAPH WITH MICROPRINT BORDER - TRUE WATERMARK, HOLD UP TO THE LIGHT TO VERIFY

Sinclair Broadcast Group, Inc.
 10706 Beaver Dam Rd
 Cockeysville, MD 21030

Wachovia Bank, N.A.
 Silver Spring, Maryland 20900

65-7293
 2550

Check No. **115000925**

Pay One Hundred Fifty Dollars And 00 Cents*****

VENDOR NO.	DATE	AMOUNT
431	02-JUN-05	\$*****150.00

To
 The
 Order
 Of
 FCC
 WASHINGTON, DC

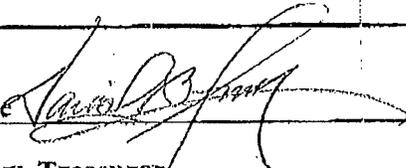
Authorized Signature _____
David O. Smith

Authorized Signature _____
David O. Smith

ANTI-DRUG ABUSE ACT CERTIFICATION

The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, or, in the case of a non-individual applicant (e.g. corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R.

Yes No

KSMO Licensee, Inc. Name of Applicant	Signature 
Date 20/2/05	Secretary, Treasurer Title