



FCC Batch Control Sheet

Batch Type (circle one):

Checks - 01

Credit Card - 03

Wires - 04

PO Box:

979093

Proc Date:

6-19-15

Batch Num:

283

Yesterday: All wire FCN's are date yesterday

Today: All Credit Card FCN's are dated today

Tomorrow: All Check FCN's are dated tomorrow

Note: FCN's on check batches processed on Friday's will have Monday's date unless Monday is a holiday then Tuesday's date is used.

FCN's for wire batches processed on Monday will have Friday's. All date stamps for wires will also be yesterday's date.

Begin Items:

1

Manual count of Forms

Begin \$ Total:

\$ 1440.00

Total from Lister tape

End Items:

1

Total from Batch Processing Screen

End \$ Total

1,440.00

Total from Batch Processing Screen

Processor:

M Hamilton

Management

Review:

C.S.

Box Number, FCN, Additional Paperwork and/or photograph process should be verified.

Scanner:

RA

Balancer:

RA

MailOut:

RA

000.....	000.....	000.....	000	000
001.....	1,440.00	1,440.00	000	000
	*	+	*	
				M

Federal Communications Commission

All FCC Lockbox Daily Check Off List before entry into system

These requirements pertain to Lockbox 979097 ONLY

List FCN and verify that all versions of the forms are correct.

Form 601 Requires Version Date July 2005 or greater.

Form 603 Requires Version Date July 2005 or greater.

Form 605 Requires Version Date July 2005 or greater.

Form 608 Requires Version Date August 2006 or greater.

All forms require an original signature, otherwise the transaction is a reject.

All Boxes Require this process

Verify that all FCN's written on all 159's are correct and match the batch number assigned.

Information Verified By: C.S.

Today's Date: 6-19-15

FCN	Processor	Verifier
1506199093283001	M Hamilton	gpd

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

US BANK/FCC JUN 19 2015

1506199093283001

Approved by OMB
3060-0589
Page No 1 of 2

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE
FORM 159

(1) LOCKBOX # 979093	SPECIAL USE ONLY
	FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) GOOD NEWS WORLD OUTREACH	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$1,440.00
(4) STREET ADDRESS LINE NO. 1 777 MAIN STREET, SUITE 1235	
(5) STREET ADDRESS LINE NO. 2	
(6) CITY FORT WORTH	(7) STATE TX
	(8) ZIP CODE 76102
(9) DAYTIME TELEPHONE NUMBER (include area code) 8178509990	(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) 0007-327-893	(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		
(14) STREET ADDRESS LINE NO. 1		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY	(17) STATE	(18) ZIP CODE
(19) DAYTIME TELEPHONE NUMBER (include area code)	(20) COUNTRY CODE (if not in U.S.A.)	

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) 000 7327893	(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 WRNO	(24A) PAYMENT TYPE CODE MNN ✓	(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) \$715.00	(27A) TOTAL FEE \$715.00 ✓	FCC USE ONLY
(28A) FCC CODE 1 N/A	(29A) FCC CODE 2 N/A	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE OPMT ✓	(25B) QUANTITY 1
(26B) FEE DUE FOR (PTC) \$725.00	(27B) TOTAL FEE \$725.00 ✓	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2	

SECTION D - CERTIFICATION

CERTIFICATION STATEMENT
I, Robert Mawie, 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 [Signature] DATE June 15, 2015

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 _____

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR AN INTERNATIONAL, EXPERIMENTAL TELEVISION,
EXPERIMENTAL FACSIMILE, OR A DEVELOPMENTAL BROADCAST
STATION LICENSE

INSTRUCTIONS

A. This form is to be used in all cases when applying for an International, Experimental Television, Experimental Facsimile, or a Developmental Broadcast Station License.

B. Prepare and file three copies of this form and all exhibits. File with the Federal Communications Commission, Washington, D.C. 20554.

C. Number exhibits serially in the space provided in the body of the form and list each exhibit in the space provided on page 3 of this form. Date each exhibit.

D. The name of the applicant must be stated exactly as it appears on the construction permit which is being covered.

E. Information called for by this application which is already on file with the Commission need not be refiled in this application provided (1) the information is now on file in another application or FCC Form filed by or behalf of this applicant; (2) the information is identified fully by reference to the file number (if any), the FCC form number, and the filing date of the application or other form containing the information and the page or paragraph referred to, and (3) after making the reference, the applicant states: "No change since date of filing." Any such reference will be considered to incorporate into this application all information, confidential or otherwise, contained in the application or other form referred to. The incorporated application or other form will thereafter, in its entirety, be open to the public.

F. This application shall be personally signed by the applicant, if the applicant is an individual; by one of the partners, if the applicant is a partnership; by an officer, if the applicant is a corporation; by a member who is an officer, if the applicant is an unincorporated association; by such duly elected or appointed officials as may be competent to do so under the laws of the applicable jurisdiction, the applicant is an eligible government entity; or by the applicant's attorney in case of the applicant's physical disability or of his absence from the United States. The attorney shall, in the event he signs for the applicant, separately set forth the reason why the application is not signed by the applicant. In addition, if any matter is stated on the basis of the attorney's belief only (rather than his knowledge), he shall separately set forth his reasons for believing that such statements are true.

G. BE SURE ALL NECESSARY INFORMATION IS FURNISHED AND ALL PARAGRAPHS ARE FULLY ANSWERED. IF ANY PORTIONS OF THE APPLICATION ARE NOT APPLICABLE, SPECIFICALLY SO STATE. DEFECTIVE OR INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT CONSIDERATION.

(FOR COMMISSION USE ONLY)

Name of applicant (See Instruction D)

GOOD NEWS WORLD OUTREACH

Street Address

777 MAIN STREET, SUITE 1235

City

FORT WORTH

State

TX

ZIP Code

76102

Name and address of person to whom communications should be sent, if different from above.

Name

JANET MAWIRE

Street Address

777 MAIN STREET SUITE 1235

City

FORT WORTH

State

TX

ZIP Code

76102

1. Construction permit covered by this application

File number

Date of Grant

Call sign

WRNO

Type of station

INTERNATIONAL
SHORT-WAVE

Location

3711 BARATARIA BLVD
MARRERO LA 70072

Construction begun

1980

Construction completed

1980

Is the station now in satisfactory operating condition and ready for regular operation? If the answer is "No", explain

Yes No

2. Transmitting apparatus installed

Make

HARRIS/SN-100

Type No.

TC1/516-3-100LP

Transmitter location

State

LA

County

U.S.A

City or town

MARRERO LA

Street and number

3711 BARATARIA BLVD

Geographical coordinates

North latitude

29 Degree 50' 10N

West longitude

90 Degree 06' 57W

3. Facilities authorized by construction permit

Call Sign	Frequency 1/	Hours of operation	Power 2/	Necessary bandwidth (kc)	Type of emission 3/
WRNO	7505	Unlimited	100,000 KW		
WRNO	15590	Unlimited	100,000 KW		

1/ Not required of International Broadcast Stations.

2/ For amplitude modulation television (AM), give maximum antenna input power during synchronizing pulses. If particulars are not fully described above, such as aural and visual carrier frequencies and power for television and type of emission, etc., supply this information as Exhibit No. Developmental stations using amplitude modulation or frequency modulation, give unmodulated antenna input power. For other types of emission, give a full description of method of determining power as Exhibit No. Describe in Exhibit No. means which will be used for determining and maintaining power output of the transmitter to the values specified.

3/ See Part 2 of the Commission's Rules and Regulations.

4. Attach as Exhibit No. a sketch and dimensions of antenna system.

6. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

DOES NOT DIFFER

5. Frequency monitor

Make IFR MODEL FM/AM 1200S Type No. HP5381A
 Ser # 4070/2,4,10 S/N 212A14686

By what method and how often will regular checks of the calibration of the frequency monitor be repeated?

Frequency checked daily using HP5381A stays on site calabarated with IFR MODEL FM/AM 1200S Carrier checked absent modulation

Give the following data on the calibration of the frequency

Date and time	Name of checking agency or method used
1. 6/1/2015	Thom Communication
2. 6/1/2015	Services
3. 6/1/2015	IFR MODEL FM/AM
4.	1200S

Frequency measured by such agency or method	Monitor reading high or low
1. 750.5 MHz	750.499
2. 15590 MHz	15.58998
3.	
4.	

THE APPLICANT waives any claim to the use of any particular frequency or of the ether as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with the application. (See Section 304 of the Communications Act of 1934.)

THE APPLICANT, or the undersigned on the applicant's behalf, states that he has endeavored to supply full and correct information as to all matters which are relevant to this application and that he has done so as to all matters within his own knowledge.

CERTIFICATION

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.

Signed and dated this 15th day of June, 192015

Robert E. Marini
 (Name of Applicant)

By [Signature]
 (Signature)

Title President

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE

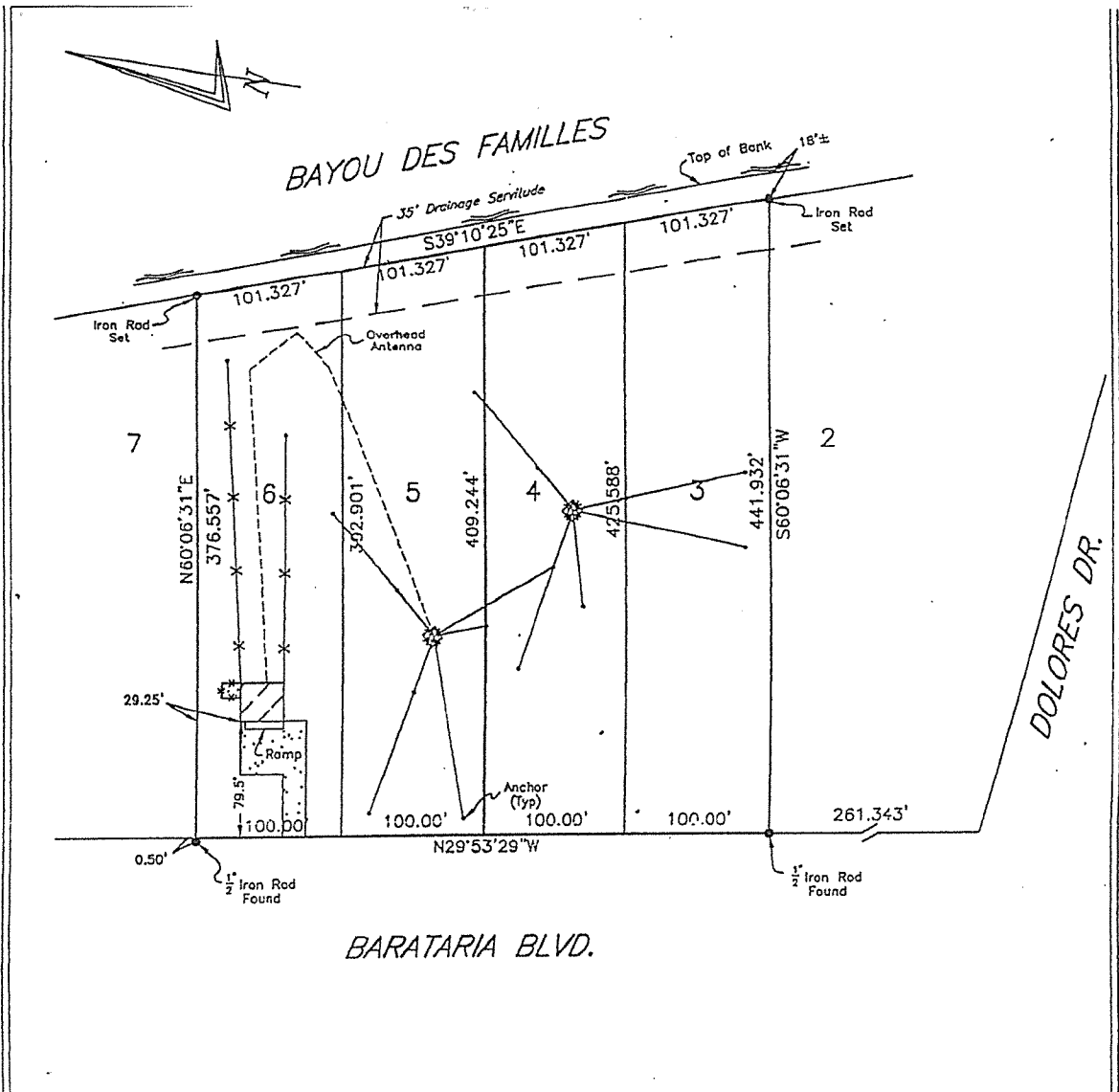
FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 6 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to pra@fcc.gov or send them to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1035), Washington, DC 20554. Please **DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS**. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1035.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

EXHIBITS furnished as required by this form:

Exhibit No.	Para. No.	Name of officer or employee (1) by whom or (2) under whose direction exhibit was prepared (show which)	Official title
(4)	(a)	BALDWIN & HASZEL (LLC)	OLD REPUBLIC NATIONAL TITLE INSURANCE CO.


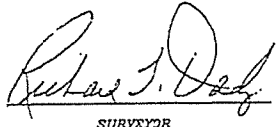


BARATARIA BLVD.

NOTE:
Improvements may not be to scale for clarity. The dimensions shown prevail over scale.

THIS IS TO CERTIFY THAT I HAVE CONSULTED WITH THE CONTROLLING PARISH AGENT AND/OR THE F.I.A. FLOOD HAZARD BOUNDARY MAPS AND FIND THAT THE ABOVE DESCRIBED PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD ZONE. (ZONE AE, BASE FLOOD ELEVATION = 5.00 N.G.V.D. [M.S.L.])

BEARING BASE: SUBD. PLAN

<p>SURVEY OF LOTS 3, 4, 5 & 6 SQUARE 1, PARCEL G-2 (a/k/a PARCEL G) ROBERT J. PERKINS TRACT JEFFERSON PARISH, LOUISIANA</p>	<p>DADING, MARQUES & ASSOCIATES, INC.</p>  <p>P.O. BOX 790 METAIRIE, LA. 70004 (504) 834-0200</p>	<p><i>MS</i></p>  <p>SURVEYOR</p>
<p>I CERTIFY THAT THIS SURVEY AND PLAT WAS PREPARED BY ME OR BY THOSE UNDER MY DIRECT SUPERVISION, MADE AT THE REQUEST OF: BALDWIN & HASPEL, L.L.C. GOOD NEWS WORLD OUTREACH OLD REPUBLIC NATIONAL TITLE INSURANCE CO. (COSSU.06)</p>		

THE SERVITUDES AND RESTRICTIONS SHOWN ON THIS SURVEY ARE LIMITED TO THOSE SET FORTH IN THE DESCRIPTION FURNISHED US AND THERE IS NO REPRESENTATION THAT ALL APPLICABLE SERVITUDES AND RESTRICTIONS ARE SHOWN HEREON THE SURVEYOR HAS MADE NO TITLE SEARCH OR PUBLIC RECORD SEARCH IN COMPILING THE DATA FOR THIS SURVEY.

THIS SURVEY MEETS THE MINIMUM REQUIREMENTS FOR A CLASS "C" SURVEY ACCORDING TO THE "LOUISIANA MINIMUM STANDARDS FOR PROPERTY BOUNDARY SURVEYS."

DATE:	SCALE:	DRAWN BY:	CHECKED BY:	JOB NO.:	PLAT No.:
7-25-01	1" = 100'	J.F.L.	R.T.D.	111491	D-206-598

DEAN SPURLOCK & ASSOCIATES

Attorney at Law
777 Main Street, Suite 1235
Fort Worth, Texas 76102

DEAN SPURLOCK
817/882-8504
817/882-0961 Fax

June 15, 2015


Federal Communications Commission
P.O. Box 979097
ST. LOUIS, MO 63197-9000

RE: WRNO Worldwide – FRN – 007-327-893

To Whom It May Concern:

Attached is the FCC Fee Remittance Advice Form 159, and Form 310 and a check for the amount of \$1,440.00 for the broadcasting season.

Yours truly,



Dear Spurlock
Attorney at Law for
Good News World Outreach

DEAN SPURLOCK & ASSOCIATES

Attorney at Law
777 Main Street, Suite 1235
Fort Worth, Texas 76102

JUN 19 2015

US BANK/FCC

Federal Communications Commission
P.O. Box 979097
ST. LOUIS, MO 63197-9000

