

For assistance with using ECFS, please contact the ECFS Help Desk at 202-418-0193 (tel:+12024180193) or via email at [ECFSHelp@fcc.gov](mailto:ECFSHelp@fcc.gov) (mailto:ECFSHelp@fcc.gov).

## Non-Docketed Filing

1 Filing 2 Review 3 Confirmation

<b>FCC Inbox:</b>	INBOX-73.702 : International High Frequency Application (Fee Required)
<b>Confirmation #:</b>	202007132819209897
<b>Submitted:</b>	Jul 13, 2020 4:21:14 PM
<b>Status:</b>	RECEIVED
<b>Name(s) of Filer(s)</b>	Trans World Radio Pacific
<b>Law Firm(s)</b>	Fletcher, Heald & Hildreth, PLC
<b>Attorney/Author Name(s)</b>	Matthew H. McCormick, Esq., Keenan P. Adamchak, Esq.
<b>Primary Contact Email</b>	<a href="mailto:mccormick@fhhlaw.com">mccormick@fhhlaw.com</a>
<b>Type of Filing</b>	APPLICATION
<b>Address of</b>	Law Firm
<b>Address</b>	1300 N 17th Street Suite 1100, Arlington, VA, 22209
<b>Email Confirmation</b>	Yes

For assistance with using ECFS, please contact the ECFS Help Desk at 202-418-0193 (tel:+12024180193) or via email at [ECFSHelp@fcc.gov](mailto:ECFSHelp@fcc.gov) (mailto:ECFSHelp@fcc.gov).

Federal Communications Commission  
445 12th Street SW, Washington, DC 20554  
Phone: 1-888-225-5322  
TTY: 1-888-835-5322  
ASL Video Call: 1-844-432-2275  
ASL Call Portal (Web)  
Fax: 1-866-418-0232

Contact Us (<https://www.fcc.gov/contact-us>)







1300 NORTH 17th STREET, 11th FLOOR  
ARLINGTON, VIRGINIA 22209

OFFICE: (703) 812-0400  
FAX: (703) 812-0486  
www.fhhlaw.com  
www.commlawblog.com

MATTHEW H. MCCORMICK  
(703) 812-0438  
[MCCORMICK@FHHLAW.COM](mailto:MCCORMICK@FHHLAW.COM)

KEENAN P. ADAMCHAK  
(703) 812-0415  
[ADAMCHAK@FHHLAW.COM](mailto:ADAMCHAK@FHHLAW.COM)

July 13, 2020

**VIA ECFS**

Marlene Dortch,  
Secretary  
Federal Communications Commission  
International & Satellite Service  
P.O. Box 979093  
St. Louis, Missouri 63197-9000

**RE: Trans World Radio Pacific  
KTWR, Agana, Guam  
Application for Renewal of License**

---

Ms. Dortch:

On behalf of Trans World Radio Pacific, transmitted herewith, is an application for renewal of license (FCC Form 311) of international broadcast station KTWR, Agana, Guam (“KTWR License Renewal Application”).

On June 29, 2020, the KTWR License Renewal Application was originally submitted via overnight delivery to Lockbox No. 979093 pursuant to instructions provided by FCC staff. The KTWR License Renewal Application, however, was returned due to missing information from the Form 159.

On July 6, 2020, the KTWR License Renewal Application was then resubmitted via overnight delivery Lockbox No. 979093 with a revised Form 159. On July 13, 2020, however, the KTWR License Renewal Application was then returned due to closure of Lockbox No. 979093.

The KTWR License Renewal Application is now being filed via ECFS pursuant to the filing instructions provided in the December 16, 2014 Public Notice (DA 14-1838). Accordingly, enclosed is the KTWR License Renewal Application. Also enclosed is the FCC Form 159 and electronic payment confirmation information for the \$190.00 filing fee (Fee Code MFN).

Should you have any questions regarding this transmittal, please contact the undersigned.

Respectfully submitted,

*/s/ Keenan P. Adamchak*

\_\_\_\_\_  
Matthew H. McCormick

Keenan P. Adamchak

*Counsel for Trans World Radio Pacific*

Enclosures

<b>SECTION I</b> UNITED STATES OF AMERICA <b>FEDERAL COMMUNICATIONS COMMISSION</b>  <b>APPLICATION FOR RENEWAL OF AN INTERNATIONAL, OR  EXPERIMENTAL BROADCAST STATION LICENSE</b>	File No.		
	1. Name of applicant (See Instruction D) Trans World Radio Pacific		
<b>APPLICANT SHOULD NOT USE THIS BOX</b>	Street Address P.O. Box 6095		
	City Merizo	State GU	ZIP Code 96916-0395
<b>INSTRUCTIONS</b>  A. This form is to be used in all cases when applying for Renewal of an International or Experimental Broadcast Station License. This form consists of this part, Section I, and Section VI.  B. Prepare an original and two copies of this form and all exhibits 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 current license.  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 on 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, if the applicant is an eligible governmental entity; or by the applicant's attorney in case of the applicant's physical disability or of her/his absence from the United States. The attorney shall, in the event she/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 knowledge) she/he shall separately set forth her/his reasons for believing that such statements are true.  G. <b>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.</b>	Telephone (include Area Code) (671) 482-4480		
	2. Name and address of person to whom communications should be sent, if different from item 1		
	Name Matthew H. McCormick, Esq.		
	Street Address 1300 N 17th Street, Suite 1100		
	City Arlington	State VA	ZIP Code 22209
	Telephone (include Area Code) (703) 812-0400		
	3. Renewal requested for following facilities		
	Type of station (See instructions) International	Call sign KTWR	
	Transmitter Location 13-16-38.0N, 144-40-16.0E Agana, GU		
	Frequency As Assigned	Antenna input power 250.0 kW	
	Hours of Operation As Assigned		
	4. When reference is made to information filed in prior application (see instruction E), give proper reference:		
	<u>Paragraph No.</u>	<u>File or Form No.</u>	<u>Date Filed</u>
Have there been any substantial changes in the information incorporated in this application by reference in this paragraph?			Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION I**

(X yes or no)	Yes	No
5. Is applicant, or any person directly or indirectly controlling applicant, party to a suit in any Federal Court involving the monopolizing, or an attempt to monopolize radio communication directly or indirectly through control of the manufacture or sale of radio apparatus, by exclusive traffic arrangement or by any other means, or of using unfair methods of competition? (If "Yes", attach as EXHIBIT _____ a full description of the proceeding, identifying the court and showing where records of the proceeding may be obtained. See Sec. 318 of the Communications Act of 1934.)		X
6. Have there been any changes in ownership since the filing of the last application for construction permit or renewal of license, or in the case of an International Station, is the information shown in applicant's Ownership Reports, now on file with the Commission, true and correct as of this date? (If "No", attach as EXHIBIT _____ an Ownership Report supplying full information to bring such data up to date.)		X
7. Has there been any change in the citizenship of the applicant?		X
8. Is the applicant a representative of an alien or foreign government?		X
9. Are there any documents, instruments, contracts or understandings relating to ownership, management, use or control of the station or facilities, or any right or interest therein? (If "Yes", attach as EXHIBIT _____ copies of all such documents, instruments or contracts and state the substance of oral contracts or understandings.)		X
10. Attach as EXHIBIT <u>N/A</u> a complete report of experimentation conducted during the present license period including therein the number of hours of operation, full data on research and experimentation conducted including the type of transmitting and studio (if any) equipment used and their mode of operation, data on expense of research and operation during the period covered, data on any measurements, tests, or observations conducted and description of the apparatus employed, estimated degree of public participation (solicited or unsolicited), complete details of any reported interference and steps taken to eliminate such interference, conclusions, tentative and final, program for further research experimentation requiring additional time and estimate of additional time required to complete the experimentation and terminate operation, and full details of developments and major changes in equipment. (Not required of International Broadcast Stations.)		

11. In what respect, if any, does the apparatus, antenna, or operation differ from that described in the last application for license or renewal of license?  
 N/A

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

THE APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

THE APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations, and that all the exhibits are a material part hereof and are incorporated herein as if set out in full in the application.

**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 24th day of June, 19XX 2020  
 Trans World Radio Pacific  
 (Name of applicant)

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.**

Signed by Steve Hippe  
 Title CFO

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

We have estimated that each response to this collection of information will take 2 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 [pira@fcc.gov](mailto:pira@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.**

## SECTION I

EXHIBITS furnished as required by this form:

1 &amp; 2

Exhibit No.	Paragraph Number requiring Exhibit	Name of officer or employee (1) by whom or (2) under whose direction exhibit was prepared (show which)	Official title
1	Sec. I, Para. 6	Steve Hippe, CFO	Ownership Report
2	Sec. VI	Steve Hippe, CFO	EEO Complaints

**FCC Form 311**  
**International Broadcast Station License Renewal Application**  
**KTWR, Agana, Guam**  
**Exhibit 1**

**Ownership Report**

Trans World Radio Pacific ("TWRP") is the licensee of international broadcast station KTWR, Agana, Guam. TWRP is a non-profit corporation whose officers and directors are as follows:

**1. Officers**

<b>Name</b>	<b>Title</b>	<b>Address</b>
Lauren Libby	President, CEO, and Chairman	P.O. Box 6095 Merizo, GU 96916-0395
Tim Klingbeil	CDO	P.O. Box 6095 Merizo, GU 96916-0395
Steven Hippe	CFO and Assistant Secretary	P.O. Box 6095 Merizo, GU 96916-0395

**2. Board Members**

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>Voting Share</b>
Lauren Libby	President, CEO, and Chairman	P.O. Box 6095 Merizo, GU 96916-0395	20%
Jeff Jones	Vice Chairman	P.O. Box 6095 Merizo, GU 96916-0395	20%
Daniel B. Blakely	Secretary	P.O. Box 6095 Merizo, GU 96916-0395	20%
Bert Stokes	Treasurer	P.O. Box 6095 Merizo, GU 96916-0395	20%
Steven Hippe	Assistant Secretary	P.O. Box 6095 Merizo, GU 96916-0395	20%

TWRP does not have any parent entities.



**FCC Form 311**  
**International Broadcast Station License Renewal Application**  
**KTWR, Agana, Guam**  
**Exhibit 2**

**EEO Program Report Narrative**

Trans World Radio Pacific ("TWRP") is the licensee of international broadcast station KTWR, Agana, Guam. TWRP is a religious broadcaster with fewer than five (5) full-time employees. During the last license renewal period, TWRP has not received any EEO discrimination complaints with respect to KTWR.



## 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:** 26PE9KS2

**Agency Tracking ID:** PGC3416257

**Transaction Date and Time:** 07/13/2020 16:12 EDT

#### Payment Summary

##### Address Information

**Account Holder Name:** Fletcher, Heald & Hildreth, PLC

1300 North 17th

**Billing Address:** Street

**Billing Address 2:**

**City:** Arlington

**State/Province:** VA

**ZIP/Postal Code:** 22209

**Country:** USA

##### Account Information

American

**Credit Card Type:** Express

**Credit Card Number:** \*\*\*\*\*1000

##### Payment Information

**Payment Amount:** \$190.00

**Transaction Date and Time:** 07/13/2020 16:12 EDT

# Agency Tracking ID:PGC3416257 Authorization Number:282584

## Successful Authorization -- Date Paid: 7/13/20 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979093	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> <b>FORM 159</b> PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
<b>SECTION A - Payer Information</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Trans World Radio Pacific</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$190.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>1300 North 17th Street</b>		
(5) STREET ADDRESS LINE NO. 2 <b>11th Floor</b>		
(6) CITY <b>Arlington</b>	(7) STATE <b>VA</b>	(8) ZIP CODE <b>22209</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>703-8120400 x438</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0005815451</b>		(12) FCC USE ONLY
<b>IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)</b>		
(13) APPLICANT NAME <b>Trans World Radio Pacific</b>		
(14) STREET ADDRESS LINE NO. 1 <b>1300 North 17th Street</b>		
(15) STREET ADDRESS LINE NO. 2 <b>11th Floor</b>		
(16) CITY <b>Arlington</b>	(17) STATE <b>VA</b>	(18) ZIP CODE <b>22209</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>703-8120400 x438</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0005815451</b>		(22) FCC USE ONLY
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) FCC Call Sign/Other ID <b>KTWR</b>	(24A) Payment Type Code(PTC) <b>MFN</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$190.00</b>	(27A) Total Fee <b>\$190.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>Agana,GU</b>	(29A) FCC CODE 2 <b>IHF</b>	
(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	