

FCC 312
Main Form

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS

Approved by OMB
3009-0078
Est. Avg. Burden Hours
Per Response: 0.25-24 hrs

FCC Use Only
File Number:
Call Sign:
Fcc Number:

APPLICANT INFORMATION

1. Legal Name of Applicant Marsha Strong		2. Voice Telephone Number 580-338-5493	
3. Other Name Used for Doing Business (if any) MLS Communications		4. Fax Telephone Number 580-338-0717	
5. Mailing Street Address or P.O. Box P O Box 1756 3001 North Highway 64		6. City Guymon	8. Zip Code 73942
ATTENTION:		7. State / Country (if not U.S.A.) OK	10. Voice Telephone Number
9. Name of Contact Representative (if other than applicant)		12. Fax Telephone Number	
11. Firm or Company Name		14. City	
13. Mailing Street Address or P.O. Box		15. State / Country (if not U.S.A.)	16. Zip Code
ATTENTION:			

CLASSIFICATION OF FILING

17. Place an "X" in the box next to the classification that applies to this filing for both questions a. and b. Mark only one box for 17a and only one box for 17b.

<input type="checkbox"/> b1. Application for License of New Station	<input type="checkbox"/> b6. Transfer of Control of License or Registration
<input checked="" type="checkbox"/> a1. Earth Station	<input type="checkbox"/> b7. Notification of Minor Modification
<input type="checkbox"/> a2. Space Station	<input type="checkbox"/> b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite
<input type="checkbox"/> b2. Application for Registration of New Domestic Receive-Only Station	<input type="checkbox"/> b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States
<input type="checkbox"/> b3. Amendment to a Pending Application	<input type="checkbox"/> b10. Other (Please Specify):
<input type="checkbox"/> b4. Modification of License or Registration	
<input type="checkbox"/> b5. Assignment of License or Registration	

18. If this filing is in reference to an existing station, enter:
Call sign of station: _____

19. If this filing is an amendment to a pending application enter:
(a) Date pending application was filed: _____ (b) File number of pending application: _____

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place an "X" in the box(es) next to all that apply.

- a. Fixed Satellite
- b. Mobile Satellite
- c. Radiodetermination Satellite
- d. Earth Exploration Satellite
- e. Direct to Home Fixed Satellite
- f. Digital Audio Radio Service
- g. Other (please specify) _____

21. STATUS: Place an "X" in the box next to the applicable status. Mark only one box.

- a. Common Carrier
- b. Non-Common Carrier

22. If earth station applicant, place an "X" in the box(es) next to all that apply.

- a. Using U.S. licensed satellites
- b. Using Non-U.S. licensed satellites

23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Mark only one box. Are these facilities:

- a. Connected to the Public Switched Network
- b. Not connected to the Public Switched Network

24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).

- a. C-Band (4/6 GHz)
- b. Ku-Band (12/14 GHz)
- c. Other (Please specify) _____

TYPE OF STATION

25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.

- a. Fixed Earth Station
- b. Temporary-Fixed Earth Station
- c. 12/14 GHz VSAT Network
- d. Mobile Earth Station
- e. Space Station
- f. Other (Specify) _____

If space station applicant, go to Question 27.

26. TYPE OF EARTH STATION FACILITY: Mark only one box.

- a. Transmit/Receive
- b. Transmit-Only
- c. Receive-Only

PURPOSE OF MODIFICATION OR AMENDMENT

27. The purpose of this proposed modification or amendment is to: Place an "X" in the box(es) next to all that apply.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | a -- authorization to add new emission designator and related service |
| <input type="checkbox"/> | b -- authorization to change emission designator and related service |
| <input type="checkbox"/> | c -- authorization to increase EIRP and EIRP density |
| <input type="checkbox"/> | d -- authorization to replace antenna |
| <input type="checkbox"/> | e -- authorization to add antenna |
| <input type="checkbox"/> | f -- authorization to relocate fixed station |
| <input type="checkbox"/> | g -- authorization to change assigned frequency(ies) |
| <input type="checkbox"/> | h -- authorization to add Points of Communication (satellites & countries) |
| <input type="checkbox"/> | i -- authorization to change Points of Communication (satellites & countries) |
| <input type="checkbox"/> | j -- authorization for facilities for which environmental assessment and radiation hazard reporting is required |
| <input type="checkbox"/> | k -- Other (Please Specify) _____ |

ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? YES NO

IF YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules; 47 C.F.R. §§ 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications as an exhibit for new transmitting facilities, major modifications, or major amendments. Refer to OET Bulletin 65.

ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
30. Is the applicant an alien or the representative of an alien?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
31. Is the applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
32. Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit, the identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.		

BASIC QUALIFICATIONS

35. Does the applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
36. Has the applicant or any party to this application had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
37. Has the applicant, or any party to this application, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, addresses, and citizenship of those stockholders owning of record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		
41. By checking Yes, the undersigned certifies, that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
42a. Does the applicant intend to use a non-U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. § 25.137, as appropriate. If no, proceed to question 43.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?		

43. Description. (Summarize the nature of the application and the services to be provided).

Registration of receive only domestic earth station. This station includes one (1) antenna and is used for reception of analog/digital audio from US Licensed satellites (ALSAT)

Exhibit No.	Identify all exhibits that are attached to this application.
1	Frequency Coordination Report

CERTIFICATION

The Applicant 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. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Place an "X" in the box next to applicable response.)

- a. Individual
- b. Unincorporated Association
- c. Partnership
- d. Corporation
- e. Governmental Entity
- f. Other (Please specify) _____

45. Typed Name of Person Signing

Marsha Strong

46. Title of Person Signing

Owner

47. Signature

Marsha Strong

48. Date

5.13.20

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

FEDERAL COMMUNICATIONS COMMISSION
FCC 312 - Schedule A
 (Place an "X" in one of the blocks below)

CONSENT TO TRANSFER OF CONTROL **CONSENT TO ASSIGNMENT OF LICENSE**
 NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION **NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION**

FCC Use Only

A1. Name of Licensee or Registrant _____ A2. Voice Telephone Number _____

A3. Mailing Street Address or P.O. Box _____ A4. Fax Telephone Number _____

A5. City _____ A6. State / Country (if not U.S.A.) _____ A7. Zip Code _____

A8. List Call Sign(s) of station(s) being assigned or transferred _____ A9. No. of station(s) listed _____

A10. Name of Transferor/Assignor (if different than licensee or registrant) _____ A15. Name of Transferee/Assignee _____

A11. Mailing Street Address or P.O. Box _____ A16. Mailing Street Address or P.O. Box _____

A12. City _____ A13. State/Country _____ A14. Zip Code _____ A17. City _____ A18. State/Country _____ A19. Zip Code _____

A20. If these facilities are licensed, is the transferee/assignee directly or indirectly controlled by any other entity?
 If Yes, attach as an exhibit, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties; and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock. **YES** **NO**

A21. If these facilities are licensed, attach as an exhibit, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statements made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.

2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

A22. Printed Name of Licensee (Must agree with A1) _____ A23. Signature _____ A24. Title (Office Held by Person Signing) _____ A25. Date _____

A26. Printed Name of Licensee Transferor/Assignor (If different than licensee. Must agree with A10) _____ A27. Signature _____ A28. Title (Office Held by Person Signing) _____ A29. Date _____

A30. Printed Name of Licensee Transferee/Assignee (Must agree with A15) _____ A31. Signature _____ A32. Title (Office Held by Person Signing) _____ A33. Date _____

**FEDERAL COMMUNICATIONS COMMISSION
SATELLITE EARTH STATION AUTHORIZATIONS
(Technical and Operational Description)**

License of New Station
 Registration of New Domestic Receive-Only Station
 Amendment to a Pending Application
 Modification of License/Registration
 Notification of Minor Modification

B1. Location of Earth Station Site.

If temporary-fixed, mobile, or VSAT remote facility, specify area of operation and point of contact. If VSAT hub station, give its location. For VSAT networks attach individual Schedule B, Page 1 sheets for each hub station and each remote station. Individually provide the Location, Points of Communications, and Destination Points for each hub and remote station.

B1a. Station Call Sign KKBS-FM		B1b. Site Identifier (HUB, REMOTE, etc.) Site1	B1c. Telephone Number 580-338-5493	B1j. Geographic Coordinates Deg. - Min. - Sec. - E/W Lat. 36 42 36.58 Lon. 101 29 10.15	B1k. Lat/Lon. Coordinates are: <input type="checkbox"/> NAD-27 <input checked="" type="checkbox"/> NAD-83
B1d. Street Address of Station or Area of Operation 3001 North Highway 64				B1e. Name of Contact Person Marsha Strong	
B1f. City Guymon	B1g. County Texas County	B1h. State OK	B1i. Zip Code 73942	B1l. Site Elevation (AMSL) 922.6	meters

B2. Points of Communications: List the names and orbit locations of all satellites with which this earth station will communicate. The entry "ALSAT" is sufficient to identify the names and locations of all satellite facilities licensed by the U.S. All non-U.S. licensed satellites must be listed individually.

Satellite Name and Orbit Location	Satellite Name and Orbit Location	Satellite Name and Orbit Location
ALSAT		

B3. Destination points for communications using non-U.S. licensed satellites. For each non-U.S. licensed satellite facility identified in section B2 above, specify the destination point(s) (country) where the services will be provided by this earth station via each non-U.S. licensed satellite system. Use additional sheets as needed.

Satellite Name	List of Destination Points

FEDERAL COMMUNICATIONS COMMISSION
 SATELLITE EARTH STATION AUTHORIZATIONS
 FCC Form 312 - Schedule B: (Technical and Operational Description)

B4. Earth Station Antenna Facilities: Use additional pages as needed.

(a) Site ID*	(b) Antenna ID**	(c) Quantity	(d) Manufacturer	(e) Model	(f) Antenna Size (meters)	(g) Antenna Gain Transmit and/or Receive (dbi at GHz)
SITE1	ANT1	1	PATRIOT ANTENNA SYSTEMS	PRT-310	3.1M	40.4 dbi 4 GHz

B5. Antenna Heights and Maximum Power Limits: (The corresponding Antenna ID in tables B4 and B5 applies to the same antenna)

(a) Antenna ID**	(b) Antenna Structure Registration No.	Maximum Antenna Height		(e) Building Height Above Ground Level (meters)***	(f) Maximum Antenna Height Above Rooftop (meters)***	(g) Total Input Power at antenna flange (Watts)	(h) Total EIRP for all carriers (dBW)
		(c) Above Ground Level (meters)	(d) Above Mean Sea Level (meters)				
ANT1		2	922				
154.0	254.4			60.0W	143.0W	41.6	9.9

Notes: * If this is an application for a VSAT network, identify the site (Item B1b, Schedule B, Page 1) where each antenna is located. Also include this Site-ID on Schedule B, Page 5.

** Identify each antenna in VSAT network or multi-antenna station with a unique identifier, such as HUB, REMOTE1, A1, A2, 10M, 12M, 7M, etc. Use this same antenna ID throughout tables B4, B5, B6, and B7 when referring to the same antenna.

*** Attach sketch of site or exemption, See 47 CFR Part 17.

**FEDERAL COMMUNICATIONS COMMISSION
 SATELLITE EARTH STATION AUTHORIZATIONS
 FCC Form 312 - Schedule B: (Technical and Operational Description)**

B6. Frequency Coordination Limits: Use additional pages as needed.

(a) Antenna ID*	(b) Frequency Limits (MHz)	(c) Range of Satellite Arc Eastern Limit**	(d) Range of Satellite Arc Western Limit**	(e) Antenna Elevation Angle Eastern Limit	(f) Antenna Elevation Angle Western Limit	(g) Earth Station Azimuth Angle Eastern Limit	(h) Earth Station Azimuth Angle Western Limit	(i) Maximum EIRP Density toward the Horizon (dBW/4KHz)
ANT1	3.74.2GHZ	60.0W	143.0W	41.6	9.9	154.0	254.4	

Notes: * Provide the ANTENNA-ID from table B4 to identify the antenna to which each frequency band and orbital arc range is associated.
 ** If operating with geostationary satellites, give the orbital arc limits and the associated elevation and azimuth angles. If operating with non-geostationary satellites, give the notation "NON-GEO" for the satellite arc and give the minimum operational elevation angle and the maximum azimuth angle range.

FEDERAL COMMUNICATIONS COMMISSION
 SATELLITE EARTH STATION AUTHORIZATIONS

FCC Form 312 - Schedule B: (Technical and Operational Description)

B7. Particulars of Operation (Full particulars are required for each r.f. carrier): Use additional pages as needed.

(a) Antenna ID*	(b) Frequency Bands (MHz)	(c) T/R Mode **	(d) Antenna Polarization (H,V,L,R)	(e) Emission Designator	(f) Maximum EIRP per Carrier (dBW)	(g) Maximum EIRP Density per Carrier (dBW/4KHz)	(h) Description of Modulation and Services
ANT1	3.7 - 4.2 GHz	R	H,V	36M0G7W			DIGITAL VIDEO AND AUDIO

Notes: * Provide the ANTENNA-ID from table B4 to identify the antenna to which each frequency band and emission is associated. For VSAT networks, include frequencies and emissions for all HUB and REMOTE units.
 ** Indicate whether the earth station transmits or receives in each frequency band.

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 February, 1998

**FEDERAL COMMUNICATIONS COMMISSION
SATELLITE EARTH STATION AUTHORIZATIONS
FCC Form 312 - Schedule B: (Technical and Operational Description)**

If VSAT Network, provide the SITE-ID (Item B1b) of the station that B8-B13 are in response to (HUB, REMOTE1, etc.): _____

B8. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with **geostationary** satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurements? If NO, provide as an exhibit, a technical analysis showing compliance with two-degree spacing policy. YES NO

B9. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with **non-geostationary** satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements? YES NO

B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point. YES NO

Remote Control Point Location:

B10a. Street Address				
B10b. City	B10c. County	B10d. State / Country	B10e. Zip Code	
B10f. Telephone Number				
B10g. Call Sign of Control Station (if appropriate)				

B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit. YES NO

B12. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as an exhibit. YES NO

B13. FAA Notification - (See 47 CFR Part 17 and 47 CFR Part 25.113(c))
Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and/or the FAA's study regarding the potential hazard of the structure to aviation?
FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION. YES NO