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Callsign/Satellite ID:

APPLICATION FOR EARTH STATION AUTHORIZATIONS

FCC Use Only

FCC 312 MAIN FORM FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

2018 KALS C Band Dish Registration

1–8. Legal Name of A	applicant
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Name: Hi–Line Radio Fellowship, Inc. **Phone Number:** 406–265–5845

DBA Fax Number:

Name:

Street: 317 First Street E–Mail: ynopfm@gmail.com

PO Box 2426

City: Havre State: MT

Country: USA **Zipcode:** 59501 –2426

Attention: Mr Roger D Lonnquist

9–16. Name of Contact Representative

Name: Ron Huckeby Phone Number: 406–491–4998

Company: Maranatha Broadcasting Inc. Fax Number:

Street: 2001 Aberdeen St. E–Mail: mtradioengineer@yahoo.com

City: Butte State: MT

Country: USA Zipcode: 59701–

Attention: Relationship: Engineer

CLASSIFICATION OF FILING

17. Choose the button next to the	b.
classification that applies to this filing for	■ b1. Application for License of New Station
both questions a. and b. Choose only one for 17a and only one for 17b.	
101 17a and only one for 17b.	(N/A) b3. Amendment to a Pending Application
a.	(N/A) b4. Modification of License or Registration
a1. Earth Station	(N/A) b5. Assignment of License or Registration
(N/A) a2. Space Station	(N/A) b6. Transfer of Control of License or Registration
(1771) u.z. Spuce Station	(N/A) b7. Notification of Minor Modification
	(N/A) b8. Application for License of New Receive–Only Station Using Non–U.S. Licensed Satellite
	(N/A) b9. Letter of Intent to Use Non–U.S. Licensed Satellite to Provide Service in the United
	States
	o b10. Other (Please specify)
	b11. Application for Earth Station to Access a Non–U.S.satellite Not Currently Authorized to
	Provide the Proposed Service in the Proposed Frequencies in the United States.
	b b12. Application for Database Entry
	(N/A) b13. Amendment to a Pending Database Entry Application
	(N/A) b14. Modifiction of Database Entry
17c. Is a fee submitted with this applicat	ion?
o If Yes, complete and attach FCC Form	159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Governmental Entity Noncomme	ercial educational licensee
Other(please explain):	
17d.	
Fee Classification	

18. If this filing is in reference to an existing station, enter:(a) 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:				
Not Applicable	Not Applicable	Not Applicable			

TYPE OF SERVICE

I I FE OF SERVICE	
20. NATURE OF SERVICE: This filing is for an authorization to provide	e or use the following type(s) of service(s): Select 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: Choose the button next to the applicable status. Choose	22. If earth station applicant, check all that apply.
only one.	Using U.S. licensed satellites
Common Carrier Non–Common Carrier	Using Non–U.S. licensed satellites
	ervice, see instructions regarding Sec. 214 filings. Choose one. Are these
facilities: Connected to a Public Switched Naturals — Not connected to	to a Dublia Cruitabad Naturada - M/A
Connected to a Public Switched Network Not connected to	to a Public Switched Network N/A

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 upper and lower frequencies in MHz.)
Frequency Lower: Frequency Upper:
TYPE OF STATION
25. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.
a. Fixed Earth Station
b. Temporary–Fixed Earth Station
c. 12/14 GHz VSAT Network
d. Mobile Earth Station
(N/A) e. Geostationary Space Station
(N/A) f. Non-Geostationary Space Station
g. Other (please specify)
26. TYPE OF EARTH STATION FACILITY: Choose only one.
Transmit/Receive Transmit-Only Receive-Only N/A
PURPOSE OF MODIFICATION
27. The purpose of this proposed modification is to: (Place an 'X' in the box(es) next to all that apply.)
Not Applicable
1

ENVIRONMENTAL POLICY

C	Yes	⊚ No
autical e	n rout	e or
O Ye	s 📵	No
O Ye	s O	No 🍙 N/A
O Ye	s O	No 👩 N/A
O Ye	s O	No 👩 N/A
	O Ye	Yes O Yes Yes Yes Yes Yes Yes Yes Ye

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? 34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or	O Yes O No	
BASIC QUALIFICATIONS 35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules?	• Vac	• No
If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	⊚ Yes	O 140
36. Has the applicant or any party to this application or amendment 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 explination of circumstances.	• Yes	No

37. Has the applicant, or any party to this application or amendment, 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 explination of circumstances.	O Yes	⊚ 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 circumstances	O Yes	⊚ 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 exhinit, an explanation of the circumstances.	O Yes	⊘ No
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a 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 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.	Yes	O 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.	⊚ Yes	O No
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, v coordinated or is in the process of coordinating the space station? Permitted List	what administr	ration has

43. Description. (Summarize the nature of the application and the services to be provided). not appear in this box, please go to the end of the form to view it in its entirety.)

(If the complete description does

Registration for C-band receive only earth station to communicate with satellites on the Permitted Space Station List. No coordination report is provided pursuant to the waiver granted in Public Notice DA 18-398. The coordinates provided in items E11 and E12 are in WGS84 format.

43a. Geographic Service Rule Certification By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25.	● A
By selecting B, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will comply with such requirements.	O B
By selecting C, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will not comply with such requirements because it is not feasible as a technical matter to do so, or that, while technically feasible, such services would require so many	o c

compromises in satellite design and operation as to make it economically unreasonable. A narrative description

CERTIFICATION

and technical analysis demonstrating this claim are attached.

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.

= Individual				
o Individual				
 Unincorporated Association 				
Partnership				
Corporation				
Governmental Entity				
Other (please specify)				
45. Name of Person Signing		46. Title of Per	son Signing	
Brent Schellin		Chairman	Son Signing	
47. Please supply any need attachment	ts.			
Attachment 1:	Attachment 2:		Attachment 3:	
			•	
WILLFUL FALSE STATE	MENTS MADE ON THIS FO	RM ARE PUNISHA	ABLE BY FINE AND / OR IMPRISO	ONMENT

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

Location of Earth Station Site

E1: Site Identifier: KALS Studio E5. Call Sign:

E2: Contact Name Nicholas Tobiason E6. Phone 406–752–5257

Number:

E3. Street: 106 Cooperative E7. City: Kalispell

Way

E8. County: Flathead

E4. State MT E9. Zip Code 59901

E10. Area of Operation: Continental United States

E11. Latitude: 48 ° 14 '21.5 "N

E12. Longitude: 114 °16 '48.7 "W

E13. Lat/Lon Coordinates are: NAD-27 NAD-83 N/A

E14. Site Elevation (AMSL): 958.0 meters

E15. 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 measurement? If NO, provide as a technical analysis showing compliance with two–degree spacing policy.	● Y	es	O No	O N/A
E16. 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?	OY	es	O No	⊚ N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	0 '	Yes	•	No
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	0 7	Yes	•	No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	0 '	Yes	•	No
E20. 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.	1	Yes	•	No
POINTS OF COMMUNICATION				
Satellite Name: PERMITTED LIST If you selected OTHER, please enter the following:				

E21. Common Name:	E22. ITU Name:
E23. Orbit Location:	E24. Country:

POINTS OF COMMUNICATION (Destination Points)

E25. Site Identifier:	
E26. Common Name:	E27. Country:

ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer		Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)
KALS Studio	ANT1	1	Scientific Atlanta	Series 9000	3.2	40.1 dBi at 3.95

Id		Ground	(meters)	Height Above Ground	Input Power at antenna flange 	Maximum Antenna Height	E40. Total EIRP for al carriers (dBW)
ANT1	3.2/3.2	4.0	962.0	0.0	0.0	0.0	0.0

FREQUENCY

E28. Antenna Id	E43/44. Frequency Bands (MHz)	E45. T/R Mode			E48. Maximum EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
ANT1	3700 4200	R	Horizontal and Vertical	36M0G7W	0.0	0.0

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its							
entirety.)							
Digital Video							

FREQUENCY COORDINATION

E28. Antenna Id		E52/53. Frequency Limits(MHz)	Range of Satellite Arc E/W Limit	Station Azimuth Angle	E57. Antenna Elevation Angle Eastern Limit	Station Azimuth Angle		E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
ANT1	Geostationary	3700 4200	72.0/ 139.0	129.4	21.4	211.7	29.7	0.0

REMOTE CONTROL POINT LOCATION

E61. Call Sign		E65. Phone Number		
NOTE: Please enter the callsign of the contro callsign for which this application is being filed.				
E62. Street Address				
E63. City	E67. County		E64/68. State/Country	E66. Zip Code

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