

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Extension of Existing Engineering STA Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

1.	Legal Name of the Applicant Hispanic Family Christian Network, Inc.	
	Mailing Address 8330 Lyndon B. Johnson Fwy Suite B400	
	City Dallas	State or Country (if foreign address) TX
	Zip Code 75243	
	Telephone Number (include area code) 4694345600	E-Mail Address (if available)
	FCC Registration No 0017045188	Call Sign KXOI
	Facility ID Number 2823	
2.	Contact Representative (if other than licensee/permittee) DAN J. ALPERT	Firm or Company Name THE LAW OFFICE OF DAN J. ALPERT
	Mailing Address 2120 N. 21ST RD.	
	City ARLINGTON	State or Country (if foreign address) VA
	ZIP Code 22201 -	
	Telephone Number (include area code) 7032438690	E-Mail Address (if available) DJA@COMMLAW.TV
3.	Purpose: <input type="checkbox"/> Engineering STA <input checked="" type="checkbox"/> Extension of Existing Engineering STA File Number: BSTA-20210819AAN <input type="checkbox"/> Legal STA <input type="checkbox"/> Extension of Existing Legal STA	
4.	Service: AM	
5.	Community of License: City: Crane State: TX	
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial Educational Licensee/Permittee <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A (Fee Required)	
7.	<p>Environmental Protection Act. The proposed facility is excluded from environmental processing under 47. C.F.R. Section 1.1306 (i.e., The facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an Exhibit is required.</p> <p>By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Explanation in [Exhibit 33]

8.	Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1) the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.	[Exhibit 34]
9.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No

I hereby 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. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing Maria C. Guel	Typed or Printed Title of Person Signing President
Signature /s/	Date (mm/dd/yyyy) 4-1-2022

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 34

Description: JUSTIFICATION

The tower is still not repaired. This request is to continue operations with the current parameters.

Attachment 34



Commission Registration System (CORES)

[Associate Username to FRN](#)
[| Manage Existing FRNs & FRN Financial](#)
[Register New FRN | Reset FRN Password](#)
[| Search for FRN](#)

FCC Registration

[FCC](#) > [FCC Registration](#) > [Manage Existing FRNs](#) > [FRN Financial](#) > [View/Pay](#) > Payment Confirmation

Logged In As: [dja@commlaw.tv](#) | [Logout](#)

Online Payment Confirmation

Print

Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0003777588
Payer Name	dja@commlaw.tv
Remittance ID	3772326
Treasury Tracking ID	26VLAGD6

Thank you for your payment!

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