CDBS Print

	ederal Communications Commission ashington, D.C. 20554			ONLY					
	Extension of Existing Engineering STA FOR COMMIS FILE NO.			ON USE ONLY					
	Read Instructions/FAQ before filling out form								
Sec	Section I - General Information								
1.	Legal Name of the Applicant ALAMANCE MEDIA PARTNERS, INC.								
	Mailing Address 2509 ELON OSSIPEE ROAD								
	City ELON		Zip Code 27244 -						
	Telephone Number (include area code) 3369263141								
	FCC Registration No 0028226785		Facility ID Number 740						
2.	Contact Representative (if other than lic COE W. RAMSEY	Contact Representative (if other than licensee/permittee) COE W. RAMSEY							
	Mailing Address 150 FAYETTEVILLE STREET SUITE 1700								
	City RALEIGH	State or Country (if foreign address) NC		ZIP Code 27601 -					
	Telephone Number (include area code) 9198390300			E-Mail Address (if available) CRAMSEY@BROOKSPIERCE.COM					
3.	3. Purpose: © Engineering STA								
	Extension of Existing Engineering STA File Number: BSTA - 20210208AAD								
	C Legal STA								
	C Extension of Existing Legal STA								
4.	Service: AM								
5.	Community of License: City: GRAHAM State: NC								
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): C Governmental Entity C Noncommercial Educational Licensee/Permittee C Other N/A (Fee Required)								
7.	Environmental Protection Act. The processing under 47. C.F.R. Section 1.1 environmental impact and complies wit electromagnetic exposure limits for con applicant can determine compliance thr an Exhibit is required. By checking "Yes" above, the applicant users of the site, will reduce power or c having access to the site, tower or anter	gnificant ency . Unless the ppendix A, th other ersons							
	excess of FCC guidelines.								

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	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.	⊙ _{Yes} C _{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 CHUCK MARSH	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyy)/ 29th Jog2

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 13 Description: OTHER VARIANCE EXPLANATION

PLEASE REFER TO EXHIBIT 16.

Attachment 13

Exhibit 34 Description: STA REQUEST

Please see attached exhibit.

Attachment 34

April 2022 Update:

For the reasons described in the underlying STA (BSTA-20210208AAD), the licensee is operating WSML(AM) during daytime hours with power reduced to 5 Kw and with no nighttime operations.

Since WSML(AM)'s last STA extension (BESTA-20211007AAG), the Commission granted a new construction permit for WSML(AM) (BP-20211007AAH) to change sites and to operate non-directionally on an existing tower.

To facilitate WSML(AM) at the new site, the owner of the tower needs to make modifications to the tower site. While the owner continues to plan to make the necessary modifications, that project has been delayed due to another extensive AM project the tower owner is in the process of completing.

In the interim, the licensee has secured assistance from the tower owner in attempting to troubleshoot the problems plaguing WSML(AM)'s current antenna system. Subject to further troubleshooting and component availability, it is hoped that WSML(AM)'s nighttime operations can be restored pending relocation to the new site.

For the foregoing reasons, the licensee respectfully requests extension of STA to continue operating WSML(AM) during daytime hours with power reduced to 5 Kw and with no nighttime operations. Further extension of STA will allow the licensee to continue to provide WSML(AM)'s service to the public while it continues to work towards relocation of WSML(AM) to the new site specified in its construction permit.

FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE

(1) LOCK BOX #	DCK BOX #					SPECIAL USE ONLY				
979089					FCC USE ONLY					
						000000000000000000000000000000000000000				
SECTION A – PAYER INFORMATION (2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) (3) TOTAL AMOUNT PAID (U.S. Dollars and cents)										
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)(3) IOTAL AMOUNT PAID (0)Alamance Media Partners, Inc.290.00						NT I AID (0.3. D018	ars and cents)			
(4) STREET ADDRESS LINE NO.1	,									
2509 Elon Ossipee Road										
(5) STREET ADDRESS LINE NO. 2										
(6) CITY (7) STATE (8) ZIP CODE										
Elon			N		2	2724	14			
(9) DAYTIME TELEPHONE NUMBER (includ	e area code)		(10) COUNTRY CODE (if not in U.S.A.)							
3369263141		US								
(11) PAYER (FRN)	FCC REGISTRATIO	ON NUMBER (FRN) REQUIRED								
0028226785		(12) FCC USE ONLY								
IF MO	RE THAN ONE APPLICANT,	USE C	ONTINUATION	SHEETS (FO	RM 1	59-C)				
COMPLETE SECTION B (13) APPLICANT NAME	BELOW FOR EACH SERVICE	E, IF MO	ORE BOXES AR	RE NEEDED, U	USE C	ONTINUATION SI	HEET			
Alamance Media Partners	, Inc.									
(14) STREET ADDRESS LINE NO.1	,									
2509 Elon Ossipee Road										
(15) STREET ADDRESS LINE NO. 2										
(16) CITY				(17) STA	TE	(18) ZIP CODE				
Elon				NC	12	2724	4			
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3369263141			US	OF URE D						
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0028226785		_	(22)1000001	ONET						
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(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CO)DE		(25A	() QU	ANTITY				
WSML	MVV			1	1					
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(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CO		CDBS20220502AAA DE (25B) QUANTITY							
(25b) CALL SIGN/OTHER ID	(240)1741MENT 1112 00	JDL	DE (25B)			QUANTIT				
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CERTIFICATION STATEMENT	SECTION	D – CEI	RTIFICATION							
	certify under penalty of perjury the	hat the f	foregoing and sup	porting informa	tion i	s true and correct to				
SIGNATURE DATE										
	SECTION E - CREDIT C	CARD I	PAYMENT INFO	DRMATION						
MASTERCARDVISADISCOVER										
ACCOUNT NUMBER EXPIRATION DATE										
I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.										
SIGNATURE DATE										
	SEE PUBLIC BURDEN ON R	EVERS	E	FCC FO	кM 1	59 FEBRUA	ARY 2003(REVISED)			

Financial History Result



Commission Registration System (CORES)

FCC Registration

<u>FCC</u> > <u>FCC Registration</u> > <u>Manage Existing FRNs</u> > <u>FRN Financial</u> > <u>View/Pay</u> > Payment Confirmation

Online Payment Confirmation

Print

Associate Username to FRN | Manage Existing

Logged In As: cheynen@brookspierce.com | Logout

FRNs & FRN Financia Register New FRN |Reset

FRN Password Search for FRN

Online Payment Confirmation

Total Amount Payer FRN Payer Name Remittance ID Treasury Tracking ID \$290.00 0028226785 cheynen@brookspierce.com 3804620 2702MFCO

Thank you for your payment!

View Form159 Go Back

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 FCC Home Page

 For assistance, please submit a help request at https://www.fcc.gov/wireless/available-support-services or call 877-480-3201 (Mon.-Fri. 8 a.m.-6 p.m. ET).