

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

**Section I - General Information**

1.	Legal Name of the Applicant CMG COASTAL CAROLINA, LLC	
	Mailing Address 3012 HIGHWOODS BLVD. SUITE 201	
	City RALEIGH	State or Country (if foreign address) NC
	Zip Code 27604 -	
	Telephone Number (include area code) 9197909392	E-Mail Address (if available)
	FCC Registration No 0026268557	Call Sign WNCT
		Facility ID Number 57841
2.	Contact Representative (if other than licensee/permittee) COE W. RAMSEY	Firm or Company Name BROOKS, PIERCE ET AL.
	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.	Purpose: <input type="radio"/> Engineering STA <input checked="" type="radio"/> Extension of Existing Engineering STA      File Number: BSTA - 20210422AAI <input type="radio"/> Legal STA <input type="radio"/> Extension of Existing Legal STA	
4.	Service: AM	
5.	Community of License: City: GREENVILLE    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): <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)	
7.	<p><b>Environmental Protection Act.</b> 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 <b>Exhibit is required.</b></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="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 33]

<p>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.</p>	<p>[Exhibit 34]</p>
<p>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.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

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.

<p>Typed or Printed Name of Person Signing DONALD W. CURTIS</p>	<p>Typed or Printed Title of Person Signing MEMBER AND MANAGER</p>
<p>Signature <i>Donald W. Curtis</i> on behalf of Donald W. Curtis</p>	<p>Date (mm/dd/yyyy) 05/13/2022</p>

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:** STA EXTENSION REQUEST

Please see attached exhibit.

**Attachment 34**

**May 2022 Update:** The instant application requests a further extension of STA to continue operating WNCT(AM) with reduced power. For the reasons described in the underlying STA (BSTA-20210422AAI), the licensee plans to convert WNCT(AM) to non-directional operation pursuant to its construction permit in FCC File No. BP-20210204AAJ.

WNCT(AM)'s construction permit requires that the licensee either dismantle four unused towers in WNCT(AM)'s directional array, or detune the unused towers and submit a proof of performance to establish that the new radio pattern is essentially non-directional.

While the licensee was previously planning to dismantle the towers, since WNCT(AM)'s last STA extension (BESTA-20211019AAI) the licensee has changed plans and instead now plans to detune the towers. Specifically, and as required by the construction permit, the licensee plans to convert tower #2 for use as a non-directional radiator, detune the remaining towers at 1070 kHz, and perform a non-directional proof. Upon satisfactory completion of the proof, the licensee will submit a proof of performance together with a Form 302 application to cover the construction permit. At this point, the licensee projects that this work will be completed in June 2022.

For the foregoing reasons, the licensee respectfully requests extension of STA to continue operating WNCT(AM) with the day and night directional antenna patterns using a reduced power of 5 kW. Further extension of STA will allow the licensee to continue to provide WNCT(AM)'s service to the public while it continues to work towards completion of construction of the non-directional facility specified in its construction permit.

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

(1) LOCK BOX # <b>979089</b>	SPECIAL USE ONLY
	FCC USE ONLY

**SECTION A - PAYER INFORMATION**

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) <b>CURTIS MEDIA GROUP</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>290.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>150 FAYETTEVILLE STREET MALL, SUITE 1600</b>		
(5) STREET ADDRESS LINE NO. 2 <b>PO Box 1800</b>		
(6) CITY <b>RALEIGH</b>	(7) STATE <b>NC</b>	(8) ZIP CODE <b>27602</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>9198390300</b>	(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>	

**FCC REGISTRATION NUMBER (FRN) REQUIRED**

(11) PAYER (FRN) <b>0004341434</b>	(12) FCC USE ONLY
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**IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)  
COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(13) APPLICANT NAME <b>CURTIS MEDIA GROUP</b>		
(14) STREET ADDRESS LINE NO. 1 <b>150 FAYETTEVILLE STREET MALL, SUITE 1600</b>		
(15) STREET ADDRESS LINE NO. 2 <b>PO Box 1800</b>		
(16) CITY <b>RALEIGH</b>	(17) STATE <b>NC</b>	(18) ZIP CODE <b>27602</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>9198390300</b>	(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	

**FCC REGISTRATION NUMBER (FRN) REQUIRED**

(21) APPLICANT (FRN) <b>0004341434</b>	(22) FCC USE ONLY
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**COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(23A) CALL SIGN/OTHER ID <b>WNCT</b>	(24A) PAYMENT TYPE CODE <b>MVV</b>	(25A) QUANTITY <b>1</b>
(26A) FEE DUE FOR (PTC) <b>290.00</b>	(27A) TOTAL FEE <b>290.00</b>	FCC USE ONLY
(28A) FCC CODE 1 <b>57841</b>	(29A) FCC CODE 2 <b>CDBS20220516AAA</b>	

(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2	

**SECTION D - CERTIFICATION**

**CERTIFICATION STATEMENT**  
I, \_\_\_\_\_, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION E - CREDIT CARD PAYMENT INFORMATION**

MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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Logged In As: cheyner@brookspierce.com | [Logout](#)

## Online Payment Confirmation

Print

### Online Payment Confirmation

Total Amount	\$290.00
Payer FRN	0004341434
Payer Name	cheyner@brookspierce.com
Remittance ID	3811497
Treasury Tracking ID	27057H8C

Thank you for your payment!

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