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MEMBER, DISTRICT OF COLUMBIA BAR ONLY;
PRACTICE LIMITED TO FEDERAL COURTS AND AGENCIES

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August 31, 2022

BY E-MAIL TO: audiofilings@fcc.gov

Federal Communications Commission
Audio Division, Media Bureau
45 L Street, N. E.
Washington, DC 20554

RE: Real Presence Radio
FRN: 0011-8731-14
WBKK(AM), Wilton, Minnesota
FCC Facility ID #160559
Engineering STA Request

Ladies and Gentlemen:

On behalf of our client Real Presence Radio, licensee of AM Broadcast Station WBKK, Wilton, Minnesota, pursuant to Section 73.1560(d) of the Commission's Rules, there is resubmitted herewith a request for a Special Temporary Authorization. A filled-out STA form is attached, which includes an "Anti-Drug Abuse Certification"..

We are filing this request in PDF format pursuant to the Commission's Public Notice, DA 22-29, released January 11, 2022. The new LMS filing platform will not permit us to file this request electronically.

WBKK is a non-commercial educational FM station and is therefore exempt from the payment of an application processing fee.

Should additional information be desired in connection with the above matter, kindly communicate with this office.

Federal Communications Commission

August 31, 2022

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Very truly yours,

A handwritten signature in black ink, appearing to read "D. Kelly". The signature is written in a cursive style with a prominent initial "D" and a long, sweeping underline.

Dennis J. Kelly

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

Section I - General Information

1.	Legal Name of the Applicant REAL PRESENCE RADIO.		
	Mailing Address 503 7th STREET, N. SUITE 101		
	City FARGO	State or Country (if foreign address) ND	Zip Code 58102
	Telephone Number (include area code) 7017950122		E-Mail Address (if available) MARK@YOURCATHOLICRADIOSTATION.COM
	FCC Registration No 00110873114	Call Sign WBKK	Facility ID Number 160559
2.	Contact Representative (if other than licensee/permittee) DENNIS J. KELLY	Firm or Company Name LAW OFFICE OF DENNIS J. KELLY	
	Mailing Address 30628 DETROIT ROAD, BOX 278		
	City WESTLAKE	State or Country (if foreign address) OH	ZIP Code 44145
	Telephone Number (include area code) 2022932300		E-Mail Address (if available) DKELLYFCCLAW1@COMCAST.NET
3.	Purpose:		
	<input checked="" type="radio"/> Engineering STA		
	<input type="radio"/> Extension of Existing Engineering STA		
	<input type="radio"/> Legal STA		
	<input type="radio"/> Extension of Existing Legal STA		
4.	Service: AM		
5.	Community of License: City: WILTON State: MN		
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 checked="" type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)		

TECHNICAL SPECIFICATIONS

Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.

TECH BOX

7.0.	STA is requested for use of
	<input checked="" type="radio"/> Licensed Antenna system with:
	<input checked="" type="radio"/> Reduced power
	<input type="radio"/> Reduced hours of operation
	<input type="radio"/> Required equipment out of service
	<input type="radio"/> Other variance [Exhibit 13]

<input type="radio"/> Antenna system authorized by Construction Permit: - Describe requested modes of operation [Exhibit 14]	
<input type="radio"/> Emergency wire antenna. Provide a full description in the Exhibit to Question 8. Do not complete the directional or nondirectional tower subforms.	
<input type="radio"/> Other antenna system: (Complete Items 7.1 - 7.7)	
7.1. Frequency: kHz	
7.2. Class (select one): A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/>	
7.3. Hours of Operation: <input type="radio"/> Unlimited <input type="radio"/> Limited <input type="radio"/> Daytime <input type="radio"/> Share Time <input type="radio"/> Specified Hours:	
7.4. Daytime: <input type="radio"/> Yes <input type="radio"/> No [Daytime Operation]	
7.5. Nighttime: <input type="radio"/> Yes <input type="radio"/> No [Nighttime Operation]	
7.6. Critical Hours Operation: <input type="radio"/> Yes <input type="radio"/> No [Critical Hours Operation]	
7.7. 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. 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.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 15]
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 16]
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 certify that I have prepared Engineering Data on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name DENNIS J. KELLY	Relationship to Applicant (e.g., Consulting Engineer) ATTORNEY	
Signature	Date (mm/dd/yyyy) 08/31/2022	
Mailing Address 30628 DETROIT ROAD, BOX 278		
City WESTLAKE	State or Country (if foreign address) OH	Zip Code 44145

Telephone Number (No dashes or parentheses, include area code) 2022932300	E-Mail Address (if available) DKELLYFCCLAW1@COMCAST.NET
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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 HUBER	Typed or Printed Title of Person Signing PRESIDENT
Signature <i>/s/ Chuck Huber</i>	Date (mm/dd/yyyy) 08/31/2022

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 16

Description: REDUCED POWER STA REQUEST

PURSUANT TO 47 CFR SEC. 73.1560(d), STATION WBKK RESPECTFULLY REQUESTS A SPECIAL TEMPORARY AUTHORIZATION TO OPERATE WITH REDUCED POWER OF 650 WATTS BOTH DAYTIME AND NIGHTTIME WITH ITS LICENSED ANTENNA SYSTEM. THE STATION'S MAIN TRANSMITTER HAS MALFUNCTIONED AND REQUIRES REPLACEMENT PARTS WHICH ARE CURRENTLY UNAVAILABLE DUE TO SUPPLY CHAIN ISSUES. WBKK'S BACKUP TRANSMITTER IS BEING USED, BUT IT CAN ONLY PRODUCE AN OPERATING POWER OF 650 WATTS..

THEREFORE, IT IS RESPECTFULLY REQUESTED THAT THE FCC GRANT WBKK A SPECIAL TEMPORARY AUTHORITY TO OPERATE WITH REDUCED POWER. THE PUBLIC INTEREST, CONVENIENCE AND NECESSITY WOULD BE WELL SERVED BY A GRANT OF THIS REQUEST FOR A 180 DAY PERIOD.

Attachment 16