Federal Communications Commission Washington, D. C. 20554

REMITTANCE.

Approved by OMB 3060-0627 Expires 01/31/98

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

(Please read instructions before filling out form.

FOR FCC	
USE ONLY	

FOR COMMISSION USE ONLY

(1 loade load mondone person ming out form.	FILE NO.							
SECTION I - APPLICANT FEE INFORMATION								
PAYOR NAME (Last, First, Middle Initial)								
Stu-Comm, Inc.								
MAILING ADDRESS (Line 1) (Maximum 35 characters) 2250 Old Ivy Road								
MAILING ADDRESS (Line 2) (Maximum 35 characters) Suite 2								
CITY Charlottesville	STATE OR COUNTRY (if foreign address)	ZIP CODE 22903						
TELEPHONE NUMBER (include area code) 434-971-4096	CALL LETTERS OTHER FC WRJR 68741	C IDENTIFIER (If applicable)						
2. A. Is a fee submitted with this application?	•	Yes ✓ No						
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section								
Governmental Entity Noncommercial education	tional licensee Other (Please e	explain):						
C. If Yes, provide the following information:								
Enter in Column (A) the correct Fee Type Code for the service you are Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this								
(A) (B)	(C)							
FEE TYPE FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN	FOR FCC USE ONLY						
0 0 1	\$							
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.								
		rype Code.						
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	(C)	FOR FCC USE ONLY						
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE.	TOTAL AMOUNT REMITTED WITH THIS APPLICATION	FOR FCC USE ONLY						
THIS AMOUNT SHOULD FOUND YOUR ENCLOSED	©							

SECTION II - APPLICANT INFORMATION						
NAME OF APPLICANT Stu-Comm, Inc.						
MAILING ADDRESS 2250 Old Ivy Road, Suite	÷ 2					
CITY Charlottesville			STATE VA		ZIP CODE 22903	
2. This application is for:	Commercial AM Direc	L	✓ Noncomm	nercial Ion-Directional		
Call letters	Community of License	Construct	ion Permit File No.	Modification of Construction	Expiration Date of Last	
WRJR(AM)	Claremont, VA			Permit File No(s).	Construction Permit	
3. Is the station no accordance with 47 C.F. If No, explain in an Exhi	✓ Yes No Exhibit No.					
4. Have all the terms construction permit been	s, conditions, and obligant fully met?	ations s	et forth in the	above described	✓ Yes No Exhibit No.	
If No, state exceptions in	n an Exhibit.					
5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?						
If Yes, explain in an Exhibit.						
6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)? Yes No No Does not apply						
If No, explain in an Exhi		Exhibit No.				
7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?						
If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.						

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?	Yes ✓ No
If Yes, provide particulars as an Exhibit.	Exhibit No.
The APPLICANT hereby waives any claim to the use of any particular frequency or of the electroganist the regulatory power of the United States because use of the same, whether by lice requests and authorization in accordance with this application. (See Section 304 of the Communication).	ense or otherwise, and
The APPLICANT acknowledges that all the statements made in this application and attached material representations and that all the exhibits are a material part hereof and are incorporated him.	
CERTIFICATION	
1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).	✓ Yes No
2. I certify that the statements in this application are true, complete, and correct to the best of my and are made in good faith.	y knowledge and belief,

Name	Signature		
Martin Conn	Martin Conn		
President of the Board	Date 8/31/2022	Telephone Number 434-971-4096	

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

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

Name of Applica	ant	Comm, Inc.	NEERING DAT	· A			
PURPOSE OF	AUTHORIZATIO	ON APPLIED FOR	C (check one)				
X	Station License		<u></u>	easurement of Po	ower Stat	ion license to E	convert to
1. Facilities aut	horized in const	ruction permit		-5			
Call Sign	9	nstruction Permit	1	Hours of Ope	eration	Power in kilowatts	
WRJR	(if applicable)		(kHz) 670	24		Night .003	Day 12.12
2. Station locati	on			1		J	
State				City or Town			
VIRGINIA	Д			CLAREI			
3. Transmitter lo	ocation	: 222 x					
State	County		***************************************	City or Town	**	Street address	
VA	SURRY			CLAREN	AONIT .	(or other identif	2 C C C W 1 C C C C C C C C C C C C C C C
	NAC SEE SE SE-S CONTON			CLANEN	TYPE	SR626 3.3KM	NW OF SR618
4. Main studio lo						06443	10 M
State	County			City or Town		Street address (or other identif	ication)
VA	ALBEMARLE CHARLOTTESVILLE			TTESVILLE	2250 OLD IVY F		
5. Remote contr	ol point location	(specify only if at	uthorized direction	onal antenna)			
State	County			City or Town		Street address	
	only only				(or other identification)		
7. Does the sam	npling system mo	nerating equipment eet the requirement description of the	nts of 47 C.F.R.	Section 73.68?			Yes No Yes No Not Applicable hibit No.
RF common poir	nt or antenna cu	rrent (in amperes)	without		point or antenna	current (in ampe	res) without
modulation for ni .25	ght system			modulation for 15.8	r day system		
Measured antenna or common point resistance (in ohms) at operating frequency Night Day 50 50 Measured antenna or common point reactance (in ohms) at operating frequency Night Day Day					(in ohms) at		
Antenna indication	ons for direction	al operation			SOL ON MANUSCRIPTION		
Antenna monitor Towers Phase reading(s) in degrees			Antenna monitor sample current ratio(s)		Antenna base currents		
		Night	Day	Night Day		Night Day	
1063041			0		100	8 12 N X 15 N N N N N N N N N N N N N N N N N N	A 7 C C C C C C C C C C C C C C C C C C
1063040 9 96							-
1063039			-139		93,5		
1063038			166		87		
***************************************							sapern and a second a second and a second an
Manufacturer and	d type of antenn	a monitor: PO	TOMAC AM-19	<u> </u>	<u> </u>		

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9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)		Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Excitation	Series	Shunt			
Geographic coordinates tower location.	to nearest second. For direct	tional antenna	give coordinate	es of center of array. For sin	ngle vertical radiator give
North Latitude 37	° 10 ' 2	9.54 "	West Longitu	^{de} 76 ° 53	47.86 "
	ove, attach as an Exhibit furth ver and associated isolation ci		dimensions in	cluding any other	Exhibit No.
Also, if necessary for a dimensions of ground sy	a complete description, attac	ch as an Exhil	bit a sketch o	f the details and	Exhibit No.
10. In what respect, if a permit?	ny, does the apparatus constr	ucted differ fro	m that describ	ed in the application for con	estruction permit or in the
11. Give reasons for the	change in antenna or commo	on point resista	nce.		
	the applicant in the capacity true to the best of my knowled		w and that I h	nave examined the foregoin	g statement of technical
Name (Please Print or T	ESC STO	s	signature (chèc	k appropriate box below)	res.
Address (include ZIP Co 2250 OLD IVY R		1	Pate 9/1/2022		
SUITE 2 CHARLOTTESV	LLE	T	elephone No. 434-825-	(Include Area Code) 9882	
Technical Director			Registered	d Professional Engineer	
Chief Operator		8	Technical	Consultant	
Other (specify)					

FCC 302-AM (Page 5) August 1995