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

jec	tion I - General Information					
1.	egal Name of the Applicant FM Media Ventures LLC					
	failing Address 6161 Savoy Dr.					
	City Houston	State or Country (if foreign address)	Zip Code 77036			
Telephone Number (include area code) 713-545-4115			E-Mail Address (if available) rehan1999@aol.com			
	FCC Registration No 0031307903	Call Sign KGOL	Facility ID Number 34473			
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 -			
			E-Mail Address (if available) DJA@COMMLAW.TV			
3.	Purpose: Engineering STA					
	Extension of Existing Engineering STA File Number: BSTA-20220124AAA					
	Legal STA Extension of Existing Legal STA					
4.	Service: AM					
5.	Community of License: City: Humble State: 'TX					
6.	Liumbic					
7.	processing under 47. C.F.R. Section environmental impact and complied electromagnetic exposure limits for	The proposed facility is excluded from environmental in 1.1306 (i.e., The facility will not have a significant is with the maximum permissible radiofrequency in controlled and uncontrolled environments). Unless the enthrough the use of the RF worksheets in Appendix A,	Yes No See Explanation in [Exhibit 33]			
	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 againg access to the site, tower or antenna from radiofrequency electromagnetic exposure nexcess 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 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	gning Typed or Printed Title of Person Signing	
Rehan Siddiqui	Managing Member	
Signature /Rehan Siddiqui/	Date (mm/dd/yyyy) 02/03/2023	

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 current licensee previously lost the licensed transmitter site. The previous STA was granted to allow the station to resume operations.

This STA requests a further extension of that STA.

The licensee has hired engineering counsel to assist in locating new transmitter site. It is anticipated that an FCC Form 301 modification of license application will be filed in the next three months.

Attachment 34

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Commission Registration System (CORES)

Associate Username to FRN
| Manage Existing
| FRNs & FRN Financial
| Register New FRN | Reset
| FRN Password
| Search for FRN

FCC Registration

 $\underline{\mathsf{FCC}} > \underline{\mathsf{FCC}} \, \mathsf{Registration} > \underline{\mathsf{Manage}} \, \underline{\mathsf{Existing}} \, \underline{\mathsf{FRNs}} > \underline{\mathsf{FRN}} \, \underline{\mathsf{Financial}} > \underline{\mathsf{View}/\mathsf{Pay}} > \mathsf{Payment} \, \mathsf{Confirmation}$

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
 3882548

 Treasury Tracking ID
 2715KHKS

Thank you for your payment!

View Form159 Go Back

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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).

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