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B. W. St. Clair

Received & Inspected

JUL 09 2015

FCC Mail Room

June 29, 2015

Mr. Hossein Hashemzadeh
Deputy Division Chief
Media Bureau, Video Division
Washington, DC 20554

Re: W31CX, Fi 125302 Request for Reconsideration

Dear Mr. Hashemzadeh:

On Dec 1, 2014 an application was filed for Renewal of License W31CX, FI 125302, Bangor, ME.

Possibly due to an error with Pay.Gov on that date, the fee was not paid. It inadvertently got overlooked until the applicant received a notice of cancellation in the last few days.

On behalf of the applicant, EICB-TV East, LLC, we are requesting reconsideration for the grant of the renewal application, 20141201BDD. The fee has been paid and a copy of the receipt is attached.

Your attention to this matter is appreciated.

Respectfully submitted,

B. W. St. Clair
Engineering Consultant
June 29, 2015

JUL 09 2015

FCC Mail Room

Agency Tracking ID:PGC2696434 Authorization Number:T3084P

Successful Authorization -- Date Paid: 6/29/15 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
SECTION A - Payer Information		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) EICB-TV East, LLC		(3) TOTAL AMOUNT PAID (dollars and cents) \$65.00
(4) STREET ADDRESS LINE NO. 1 PO Box 54025		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Hurst	(7) STATE TX	(8) ZIP CODE 76054-4025
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 972-2713750		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0015723455		(12) FCC USE ONLY
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME EICB-TV EAST, LLC		
(14) STREET ADDRESS LINE NO. 1 PO BOX 54025		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY HURST	(17) STATE TX	(18) ZIP CODE 76054-4025
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 9722913750		(20) COUNTRY CODE (IF NOT IN U.S.A.) USA
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0015723455		(22) FCC USE ONLY
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID W31CX	(24A) Payment Type Code(PTC) MAL	(25A) Quantity 1
(26A) Fee Due for (PTC) \$65.00	(27A) Total Fee \$65.00	FCC Use Only
(28A) FCC CODE 1 125302	(29A) FCC CODE 2 CDBS20141201BDD	
(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0110 (March 2011)	FOR FCC USE ONLY
FCC 303-S		
APPLICATION FOR RENEWAL OF BROADCAST STATION LICENSE		FOR COMMISSION USE ONLY FILE NO. - 20141201BDD
Read INSTRUCTIONS Before Filling Out Form		

Section I - General Information- TO BE COMPLETED BY ALL APPLICANTS

1.	Legal Name of the Licensee EICB-TV EAST, LLC						
	Mailing Address PO BOX 54025						
	City HURST	State or Country (if foreign address) TX	ZIP Code 76054 - 4025				
	Telephone Number (include area code) 9722913750	E-Mail Address (if available) RANDY@CROSSTALK.ORG					
	FCC Registration Number: 0015723455	Facility ID Number 125302	Call Sign W31CX				
2.	Contact Representative DR. RANDY WEISS						
	Mailing Address PO BOX 54025						
	City HURST	State or Country (if foreign address) TX	Zip Code 76054 - 4025				
	Telephone Number (include area code) 9722913750	E-Mail Address (if available) RANDY@CROSSTALK.ORG					
3.	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 <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)						
4.	Purpose of Application <input checked="" type="radio"/> Renewal of license <input type="radio"/> Amendment to pending renewal application If an amendment, submit as an exhibit a listing by Section and Item Number the portions of the [Exhibit 1] pending application that are being revised.						
5.	Facility Information: <input checked="" type="radio"/> Commercial <input type="radio"/> Noncommercial Educational						
6.	Service and Community of License a. <input type="radio"/> AM <input type="radio"/> FM <input type="radio"/> FM Translator <input type="radio"/> LPFM <input type="radio"/> TV Translator <input checked="" type="radio"/> Low Power TV <input type="radio"/> Class A TV <input type="radio"/> Digital TV <input type="radio"/> Digital Translator or Digital LPTV <input type="radio"/> Digital Class A TV <table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">Community of License /Area to be Served</td> </tr> <tr> <td>City: BANGOR</td> <td>State : ME</td> </tr> </table> b. Does this application include one or more FM translator station(s), or TV translator station(s), LPTV station(s), in addition to the station listed in Section I question 1? (The callsign(s) of any associated FM translators, TV translators or LPTV stations will be requested in Section V). <input type="radio"/> Yes <input checked="" type="radio"/> No			Community of License /Area to be Served		City: BANGOR	State : ME
Community of License /Area to be Served							
City: BANGOR	State : ME						

7. Other Authorizations. List call signs, facility identifiers and location(s) of any FM booster or TV booster station(s) for which renewal of license is also requested.	[Exhibit 2]	<input checked="" type="checkbox"/> N/A
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NOTE: In addition to the information called for in Sections II, III, IV and V, an explanatory exhibit providing full particulars must be submitted for each item for which a "No" response is provided.

Section II - Legal - TO BE COMPLETED BY ALL APPLICANTS

1. Certification. Licensee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application, instructions and worksheets.	<input checked="" type="radio"/> Yes <input type="radio"/> No
2. Character Issues. Licensee certifies that the neither the licensee nor any party to the application has or has had any interest in, or connection with:	
a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
b. any pending broadcast application in which character issues have been raised.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]
3. Adverse Findings. Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]
4. FCC Violations during the Preceding License Term. Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If No, the licensee must submit an explanatory exhibit providing complete descriptions of all violations.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]
5. Alien Ownership and Control. Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]
6. Anti-Drug Abuse Act Certification. Licensee certifies that neither licensee 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
7. Non-Discriminatory Advertising Sales Agreements. Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain nondiscrimination clauses. Noncommercial licensees should select "not applicable."	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 8]

I 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. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing RANDALL WEISS	Typed or Printed Title of Person Signing MEMBER/MANAGER
Signature	Date 12/1/2014

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).

Section V - TO BE COMPLETED BY FM AND TV TRANSLATOR AND LOW POWER TV LICENSEES ONLY

1. and 2. [Station Info and Status]

Low Power Applicants: Answer Question 2a only.

1. Station Information:			
Call Sign	Facility Identifier	Area Licensed to Serve	
W31CX	125302	City: BANGOR	State: ME
2. Operational Status:			
a. Silent Station: Licensee certifies that the station is currently on the air.			<input checked="" type="radio"/> Yes <input type="radio"/> No
b. Rebroadcast Status: Licensee certifies that the station is currently rebroadcasting the signal of an FM, AM, TV or LPTV station.			<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
If Yes, identify the station being broadcast:			
Call Sign	Facility Identifier	Area Licensed to Serve	
		City:	State:
c. Rebroadcast Consent: Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting primary station's programming.			<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

Additional Translator Info [Exhibit 33]

3. For FM Translator Applicants Only:	
a. Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(d), which: (1) prohibits the common ownership of a commercial primary FM station and a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being broadcast, and (2) requires that the FM translator's entire 60 dBu contour is contained within the lesser of: (a) the 2 mV/m daytime contour of the AM primary station being rebroadcast, or (b) a 25-mile radius centered at the AM primary station's transmitter site. (With regard to (1), this restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 34]
b. Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 35]
4. For Low Power TV Applicants Only:	
Licensee certifies that it has filed with the Commission, the station's Broadcast EEO Program Report (FCC Form 396) and has posted the most recent Public File report on the station's website, if required by 47 C.F.R. Section 73.2080(f)(1).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in

		[Exhibit 36]
5.	<p>Environmental Effects. Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments.</p> <p>By checking "Yes" above, the licensee 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 radio frequency electromagnetic exposure in excess of FCC guidelines.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>See Explanation in [Exhibit 37]</p>

Exhibits
