

DEC 18 2017

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READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

2018 JAN -5 AM 8:33

FCC Mailroom

Approved by OMB
3060-0589
Page No 1 of 2

(1) LOCKBOX # 979089		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) Eternity Media Group		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$700.00	
(4) STREET ADDRESS LINE NO. 1 P O BOX 6424			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY Laurel		(7) STATE MS	(8) ZIP CODE 39441
(9) DAYTIME TELEPHONE NUMBER (include area code) 601.336.7449 ext 1002		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) 0022166623		(12) FCC USE ONLY	
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 Donald H Pugh Sr			
(14) STREET ADDRESS LINE NO. 1 PO BOX 6424			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY Laurel		(17) STATE MS	(18) ZIP CODE 39441
(19) DAYTIME TELEPHONE NUMBER (include area code) 601.319.1211		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) 0022166623		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID WLNO	(24A) PAYMENT TYPE CODE MMR	(25A) QUANTITY 01	
(26A) FEE DUE FOR (PTC) \$700.00	(27A) TOTAL FEE \$700.00	FCC USE ONLY	
(28A) FCC CODE 1 MMR		(29A) FCC CODE 2 MMR	
(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, <u>Donald H. Pugh Sr</u> , 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 <u>Donald H Pugh Sr</u>		DATE <u>11-12-17</u>	
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 _____	

FOR
FCC
USE
ONLY

FCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

BL-20171218AAD

SECTION I - APPLICANT FEE INFORMATION

1. PAYOR NAME (Last, First, Middle Initial)

Eternity Media Group

MAILING ADDRESS (Line 1) (Maximum 35 characters)

P. O. BOX 6424

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

LAUREL

STATE OR COUNTRY (if foreign address)

MS

ZIP CODE

39441

TELEPHONE NUMBER (include area code)

601-319-1211

CALL LETTERS

WLNO

OTHER FCC IDENTIFIER (If applicable)

58393

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 educational licensee



Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

(A)

FEE TYPE CODE		
M	M	R

(B)

FEE MULTIPLE			
0	0	0	1

(C)

FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$ 700.00

FOR FCC USE ONLY

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

--	--	--

(B)

0	0	0	1
---	---	---	---

(C)

\$

FOR FCC USE ONLY

ADD ALL AMOUNTS SHOWN IN COLUMN C,
AND ENTER THE TOTAL HERE.
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED
REMITTANCE.

TOTAL AMOUNT
REMITTED WITH THIS
APPLICATION

\$ 700.00

FOR FCC USE ONLY

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 electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

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 knowledge and belief, and are made in good faith.

Name DONALD H PUGH SR	Signature 	
Title MANAGING MEMBER	Date 11-09-2017	Telephone Number 601-319-1211

**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.

SECTION III - Page 2

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.
SERIES	72.3	72.2	73	Exhibit No.

Excitation

☒

Series

☐

Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude	29	°	52	'	48	"	West Longitude	89	°	59	'	45	"
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

NONE

11. Give reasons for the change in antenna or common point resistance.

REDUCED POWER FROM 50 KW TO 10 KW OMMNIDIRECTIONAL SYSTEM

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) BRYAN A COVEY	Signature <small>Check appropriate box below</small> Bryan A. Covey <small>Digitally signed by Bryan A. Covey Bryan A. Covey, o.ou, email=bryancovey@khetradio.com, cN=US Date: 2017.11.09 15:11:38 -0700</small>
Address (include ZIP Code) 3301 NORTH BENSING RD HOBBS , NEW MEXICO 88240	Date 11/09/2017
	Telephone No. (Include Area Code) 575-392-9292

☐

Technical Director

☐

Registered Professional Engineer

☐

Chief Operator

☒

Technical Consultant

☐

Other (specify)

FEDERAL COMMUNICATIONS COMMISSION
U.S. BANK APPLICATION RETURN FORM

Date:

12/12/17

Client Service Center
U.S. Bank
Rm. SL-MO-C3-GL
St. Louis, MO 63101

Re: *Eternity Media Group*

The enclosed application(s) can be processed as filed. Please refer to the following instructions:

- ☐ Use original date stamped, and stamp all receipt copies with the same date.
- ☐ Restamp application(s) and all other documents processing.
- ☐ Application was sent to the wrong location, and is being forwarded for processing
- ☒ Process application(s) in Lockbox 9089
- ☒ Process filing using Payment Type Code mmk
- ☐ Process as overpayment.

Please contact the Revenue and Receivables Operations Group at (202) 418-1995, if you have any questions.

Sincerely,

Dee

Revenue & Receivables Operations Group

Enclosure

ck. # 10277
\$700.00

White - Bank

Yellow - Federal Communications Commission

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. GETTING YOUR SHIPMENT TO UPS
Customers with a Daily Pickup
 Your driver will pickup your shipment(s) as usual.

Customers without a Daily Pickup

Take your package to any location of The UPS Store®, UPS Access Point™ location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations. Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages. Hand the package to any UPS driver in your area.

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 455 MASSACHUSETTS AVE NW
 WASHINGTON, DC 20001

UPS Access Point™
 THE UPS STORE
 1220 L ST NW
 WASHINGTON, DC 20005

FOLD HERE

SHELLA FOSTER 202-418-1925 FEDERAL COMMUNICATIONS COMMISS 445 12TH STREET, SW WASHINGTON DC 20554		0.0 LBS LTR	1 OF 1
SHIP TO: US BANK (314) 425-1819 FCC SL-MO-C2-GL 1005 CONVENTION PLAZA SAINT LOUIS MO 63101-1229		DEC 18 2017 FCC/US BANK	
		MO 631 9-02 	
UPS 2ND DAY AIR TRACKING #: 1Z A43 F58 02 9038 6997		2 	
BILLING: P/P			
Bureau/Office Name: OMD Your Name (First and Last Names): Shella Foster <small>CS 19.5.48. WNTNVS0 93.0A 10/2017</small>			

