

1015 Half Street S.E., Suite 200, Washington, D.C. 20003

OCT 0 4 2018

FCC Mailroom

Laura Berman Senior Counsel

October 3, 2018

VIA OVERNIGHT DELIVERY

Ms. Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 9050 Junction Drive Annapolis Junction, MD 20701

Re:

KNX(AM), Los Angeles, California (FIN 9616)

Application for Direct Measurement

Dear Ms. Dortch:

CBS Radio East, LLC, licensee of KNX(AM), Los Angeles, California (Facility Id. No. 9616), hereby submits in triplicate an application on Form 302-AM for direct measurement of power.

Because this is an application for direct measurement, no application filing fee is required.

Please date-stamp the enclosed "Return Copy" of this filing and return it in the self-addressed, stamped envelope enclosed for that purpose.

If you have any questions, please contact me.

Sincerely,

Laura M. Berman

Enclosure

ETM:101911_1

Federal Communications Commission Washington, D. C. 20554

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

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.	

SECTION I - APPLICANT FEE	EINFORMATION		
1. PAYOR NAME (Last, First, Mic	ddle Initial)		
CBS Radio East, LLC			
MAILING ADDRESS (Line 1) (Ma. 401 E City Ave, Suite 809	ximum 35 characters)		
MAILING ADDRESS (Line 2) (Ma	ximum 35 characters)		
CITY Bala Cynwyd		STATE OR COUNTRY (if for PA	reign address) ZIP CODE 19004
TELEPHONE NUMBER (include a 610-660-5610	area code)	CALL LETTERS KNX	OTHER FCC IDENTIFIER (If applicable) 9616
2. A. Is a fee submitted with this a	pplication?		Yes ✓ No
B. If No, indicate reason for fee	exemption (see 47 C.F.R. Section		
Governmental Entity	Noncommercial educ	cational licensee	ther (Please explain):
C. If Yes, provide the following i	0		for Direct Measurement of Power
Enter in Column (A) the correct F	ee Type Code for the service you	are applying for Fee Type Co	odes may be found in the "Mass Media Services
Fee Filing Guide." Column (B) list	ts the Fee Multiple applicable for the	is application. Enter fee amou	nt due in Column (C).
•			
(A)	(B)	(C)	
FEE TYPE	FEE MULTIPLE	FEE DUE FOR FE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
	0 0 0 1	\$	
To be used only when you are requ	uesting concurrent actions which re-	sult in a requirement to list mo	re than one Fee Type Code
(A)	(B)	(C)	Туро СССС
	0 0 0 1	\$	FOR FCC USE ONLY
		-	
ADD ALL AMOUNTS SHOWN IN AND ENTER THE TOTAL HERE	COLUMN C,	TOTAL AMOUNT REMITTED WITH TH APPLICATION	FOR FCC USE ONLY
THIS AMOUNT SHOULD EQUAL REMITTANCE.	YOUR ENCLOSED	\$	

SECTION II - APPLICAN	IT INFORMATION					
NAME OF APPLICANT CBS Radio East, LLC						
MAILING ADDRESS 401 E City Ave, Suite 809						
CITY Bala Cynwyd			STATE PA		ZIP CODE 19004	
2. This application is for	Commercial AM Direct	ctional	Noncomn ✓ AM N	nercial Ion-Directional		
Call letters	Community of License	Construc	tion Permit File No.	Modification of Construction	Expiration Date of	Last
KNX	Los Angeles, CA	N/A		Permit File No(s).	Construction Perm	
Is the station r accordance with 47 C.f If No, explain in an Exh		to auto	matic program	test authority in	Yes	No N/A
4. Have all the term construction permit bee	ns, conditions, and obligen fully met?	gations s	et forth in the	above described	Yes	No
If No, state exceptions	in an Exhibit.				Exhibit No.	N/A
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? Yes No No No No No No No N						
	iled its Ownership Report			ership	✓ Yes □ ✓ Does not a	No apply
If No, explain in an Exh	ibit.				Exhibit No.	
or administrative body criminal proceeding, br	ding been made or an ad with respect to the applic ought under the provision related antitrust or unfaunit; or discrimination?	ant or pa	rties to the appli law relating to the	cation in a civil or he following: any	Yes √	No
involved, including an including an including and information has been required by 47 U.S.C. Softhat previous submits the call letters of the significant control of the significant co	attach as an Exhibit a fidentification of the court obers), and the disposition earlier disclosed in consection 1.65(c), the application by reference to the station regarding which the of filing; and (ii) the disposition	or admin on of the nnection cant need file num ne applic	istrative body and litigation. Who with another a lonly provide: (in ber in the case ation or Section	nd the proceeding nere the requisite application or as i) an identification of an application, 1.65 information	Exhibit No.	

8. Does the applicant, or any party to the application, have the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the with the AM facility proposed to be modified herein?	either in the existing ba	nd or
If Yes, provide particulars as an Exhibit.		Exhibit No.
The APPLICANT hereby waives any claim to the use of an against the regulatory power of the United States because requests and authorization in accordance with this application amended). The APPLICANT acknowledges that all the statements may be a statement of the statement of t	se use of the same, whom. (See Section 304 of the same in this application are	ether by license or otherwise, and the Communications Act of 1934, as ad attached exhibits are considered
material representations and that all the exhibits are a mater	ial part hereof and are in	corporated herein as set out in full in
CERTIF	ICATION	
 By checking Yes, the applicant certifies, that, in the case or she is not subject to a denial of federal benefits that income to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 Locase of a non-individual applicant (e.g., corporation, partner association), no party to the application is subject to a dincludes FCC benefits pursuant to that section. For the depurposes, see 47 C.F.R. Section 1.2002(b). I certify that the statements in this application are true, cand are made in good faith. 	dudes FCC benefits pursi J.S.C. Section 862, or, in rship or other unincorpora enial of federal benefits efinition of a "party" for the	uant the ated that nese
Name	Signature > //	0-
John Kennedy	Jun & Hern	
Vice President of Technical Operations	Date 1 /2018	Telephone Number 484-270-6320
WILLFUL FALSE STATEMENTS ON THIS FORM AF (U.S. CODE, TITLE 18, SECTION 1001), AND/OF CONSTR	RE PUNISHABLE BY FI R REVOCATION OF AN RUCTION	NE AND/OR IMPRISONMENT Y STATION LICENSE OR

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 - I	LICENSE APPLICATION ENGI	NEERING DAT	Α			
CBS RADIO						
PURPOSE OF A	AUTHORIZATION APPLIED FOR	: (check one)				
	Station License	· · · · · · · · · · · · · · · · · · ·	easurement of Pow	er		
1. Facilities aut	horized in construction permit					
Call Sign	File No. of Construction Permit	Frequency	Hours of Opera	ation	Power in	kilowatts
KNX	(if applicable)	(kHz) 1070	Unlimited		Night 50	Day 50
2. Station locati	on					
State			City or Town			
Califor	mia		Los Angele	S		
3. Transmitter le	ocation					-
State	County		City or Town		Street address	
CA	Los Angeles		Torrance		(or other identification 4301 W. 190	
4. Main studio le	ocation					
State County City or Town Street address (or other identification)						eation)
CA	Los Angeles	,	Los Angele	s		re Bvd #200
	rol point location (specify only if au	uthorized direction	nal antenna)			
State	County		City or Town	City or Town Street address (or other identification)		
	npling system meet the requireme					Not Applicable
8. Operating co	nstants:					
RF common poil modulation for n	nt or antenna current (in amperes) ight system 20	without	RF common po modulation for o	int or antenna day system 2	current (in ampere	es) without
Measured anten operating freque Night	na or common point resistance (in ency Day 124.7	ohms) at	Measured anter operating frequency Night	nna or commo ency	n point reactance (Day - j 27	
Antenna indication	ons for directional operation		,,,,,		- 127	<u>'</u>
	Antenna		Antenna mon		Antenna h	ase currents
Tow	ers Phase reading(Night	Day	current r Night	atio(s) Day	Night	
			· vigin	Day	IAIGIIL	Day
Manufacturer an	d type of antenna monitor:				•	

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.)

the array. Use separat	e sneets if necessary.)						
Uniform radiator above base above		Overall height above groun obstruction li	d (without	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.		
tower	150.2	15	50.5	152.1	Exhibit No. N/A		
Excitation	X Series	Shunt	1990				
Geographic coordinates tower location.	s to nearest second. For direct	tional antenna	give coordina	tes of center of array. For sir	ngle vertical radiator give		
North Latitude 3	51	35 "	West Longit	ude 0 20	56"		
If not fully described all antenna mounted on to	bove, attach as an Exhibit furtlower and associated isolation c	her details and ircuits.	d dimensions i	including any other	Exhibit No.		
Also, if necessary for dimensions of ground s	a complete description, attac system. No change in da	ch as an Exh ta on file	ibit a sketch e - BZ-200	of the details and	Exhibit No.		
10. In what respect, if a permit?	any, does the apparatus const	ructed differ fr	om that descri	bed in the application for con	struction permit or in the		
N/A							
44 Observe 6 41							
	ne change in antenna or commo						
Replacemen	f FM antenna and isol nt of guy wires nt of tower lighting	lation equ	ipment				
I certify that I represen information and that it is	nt the applicant in the capacity s true to the best of my knowle	indicated bel	ow and that I	have examined the foregoing	g statement of technical		
Name (Please Print or	Type)		Signature (che	eck appropriate box below)			
Thomas S. Gor			Ble S 68				
Address (include ZIP C	ode)		Date				
	wson Consulting Engi	neers	Sept.	26, 2018			
9500 Greenwoo Seattle, WA		-	Telephone No	. (Include Area Code)			
				(206)	783-9151		
Technical Director	r		X Registere	ed Professional Engineer			
Chief Operator			Technica	l Consultant			
Other (specify)							

FCC 302-AM (Page 5) August 1995 Federal Communications Commission Washington, D. C. 20554

ADD ALL AMOUNTS SHOWN IN COLUMN C,

THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED

AND ENTER THE TOTAL HERE.

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

(riease read instructions before filling out form.	FILE NO.		
SECTION I - APPLICANT FEE INFORMATION			
PAYOR NAME (Last, First, Middle Initial)			
CBS Radio East, LLC			
MAILING ADDRESS (Line 1) (Maximum 35 characters) 401 E City Ave, Suite 809			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			3
CITY Bala Cynwyd	STATE OR COUNTRY (if for	reign address)	ZIP CODE 19004
TELEPHONE NUMBER (include area code) 610-660-5610	CALL LETTERS KNX	OTHER FCC IDEN	NTIFIER (If applicable)
2. A. Is a fee submitted with this application? B. If No, indicate reason for fee exemption (see 47 C.F.R. Section Governmental Entity Noncommercial educ C. If Yes, provide the following information:		ther (Please explain) For Direct Meas	Yes ✓ No : surement of Power
Enter in Column (A) the correct Fee Type Code for the service you a Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this (A) (B) FEE TYPE CODE 0 0 1	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	nt due in Column (C)	the "Mass Media Services".
To be used only when you are requesting concurrent actions which res	sult in a requirement to list more	e than one Fee Type	Code.
(A) (B) (B) 1	(C)		FOR FCC USE ONLY

TOTAL AMOUNT REMITTED WITH THIS APPLICATION

\$

FOR FCC USE ONLY

SECTION II - APPLICAN 1. NAME OF APPLICANT	TINFORMATION					
CBS Radio East, LLC MAILING ADDRESS	,					
401 E City Ave, Suite 809						
CITY Bala Cynwyd			STATE PA		ZIP CODE 19004	
2. This application is for:	Commercial		Noncomm	nercial		
	AM Direc	ctional		on-Directional		
Call letters	Community of License	Construction	on Permit File No.	Modification of Construction	Expiration Date of La	ast
KNX	Los Angeles, CA	N/A		Permit File No(s).	Construction Permit	
accordance with 47 C.F		to auton	natic program	test authority in	Yes	No N/A
If No, explain in an Exhi	ibit.					
4. Have all the term construction permit bee	s, conditions, and oblig n fully met?	ations se	et forth in the	above described	Yes	No
If No, state exceptions i	n an Exhibit.				Exhibit No.	N/A
the grant of the under	ges already reported, ha lying construction permit d in the construction perr	t which w	ould result in a	any statement or	Yes Exhibit No.	No
If Yes, explain in an Ex	hibit.				EXTROIT NO.	N/A
6. Has the permittee fil certification in accordan	led its Ownership Report ce with 47 C.F.R. Section	(FCC For n 73.3615	rm 323) or owne (b)?	ership	✓ Poes not ap	N o
If No, explain in an Exhi	ibit.				Exhibit No.	
or administrative body v criminal proceeding, bro	ling been made or an advith respect to the application of the under the provision elated antitrust or unfainit; or discrimination?	ant or par is of any I	ties to the application and the termination to the termination of termination of termination of the termination of termination	cation in a civil or he following: any	Yes ✓	No
involved, including an id (by dates and file num information has been required by 47 U.S.C. S of that previous submis the call letters of the st	attach as an Exhibit a fudentification of the court of the court of the disposition and the disposition earlier disclosed in confection 1.65(c), the application by reference to the tation regarding which the of filing; and (ii) the disposition is a second to the disposition of the disposition in the disposition is a second to the disposition in the disposition is an experience to the disposition in the disposition in the disposition is a second to the disposition in the disposition i	or administ on of the nnection ant need file numb ne applica	strative body an litigation. Wh with another a only provide: (i er in the case of tion or Section	d the proceeding here the requisite application or as an identification of an application, an application,	Exhibit No.	

8. Does the applicant, or any party to the application, have a the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the 5 with the AM facility proposed to be modified herein?	either in the existing ba	and or
If Yes, provide particulars as an Exhibit.		Exhibit No.
The APPLICANT hereby waives any claim to the use of any against the regulatory power of the United States because requests and authorization in accordance with this application amended).	e use of the same, wi	hether by license or otherwise, and
The APPLICANT acknowledges that all the statements maderial representations and that all the exhibits are a material	de in this application a all part hereof and are in	nd attached exhibits are considered acorporated herein as set out in full in
CERTIFIC	CATION	
1. By checking Yes, the applicant certifies, that, in the case of she is not subject to a denial of federal benefits that include Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U. case of a non-individual applicant (e.g., corporation, partner association), no party to the application is subject to a deincludes FCC benefits pursuant to that section. For the depurposes, see 47 C.F.R. Section 1.2002(b).	udes FCC benefits purs S.C. Section 862, or, in ship or other unincorpor enial of federal benefits finition of a "party" for t	suant n the rated s that hese
I certify that the statements in this application are true, co and are made in good faith.	mpiete, and correct to t	ne best of my knowledge and belief,
John Kennedy	Signature I len	mf
Title Vice President of Technical Operations	Date 1 /2018	Telephone Number 484-270-6320
WILLFUL FALSE STATEMENTS ON THIS FORM AR (U.S. CODE, TITLE 18, SECTION 1001), AND/OR CONSTR	REVOCATION OF AN	

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Name of Applica		LEKING DAT			
CBS RADIO					
PURPOSE OF	AUTHORIZATION APPLIED FOR	(check one)			
	Station License	X Direct Me	asurement of Power		
	thorized in construction permit				
Call Sign	File No. of Construction Permit (if applicable)	Frequency (kHz)	Hours of Operation		r in kilowatts
KNX	(ii applicable)	1070	Unlimited	Night 50	Day 50
2. Station locat	ion				
State			City or Town		
Califor	rnia		Los Angeles		
3. Transmitter I	location				
State	County		City or Town	Street address	
CA	Los Angeles		Torrance	(or other ident	Mication) 90th Street
4. Main studio location					
State	County	·	City or Town	Street address	
CA	Los Angeles		Los Angeles	(or other ident	
Los Angeles Los Angeles 5670 Wilshire Bvd #200 5. Remote control point location (specify only if authorized directional antenna)					
State	County		City or Town	Street address (or other ident	
	mpling system meet the requireme Exhibit a detailed description of the			X	Not Applicable
8. Operating co					
RF common poi modulation for r	int or antenna current (in amperes) night system 20	without	RF common point or modulation for day sy	antenna current (in amp stem 20	eres) without
Measured anter operating freque Night	nna or common point resistance (in ency Day 124.7	ohms) at	Measured antenna or operating frequency Night	common point reactand Day	
Antenna indicat	ions for directional operation				
Tow	Antenna vers Phase reading		Antenna monitor sa current ratio(s)		a base currents
	Night		Night	Day Night	Day
Manufacturer ar	nd type of antenna monitor:				

SECTION III - Page 2

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

Type Radiator Uniform cross-section guyed steel tower	Overall height in meters of radiator above base insulator, or above base, if grounded.	above ground (without		Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. Exhibit No. N/A
Excitation	X Series	Shunt			
Geographic coordinates tower location.	s to nearest second. For direc	tional antenna	a give coordinat	es of center of array. For sir	ngle vertical radiator give
North Latitude 3	3 51	35"	West Longitu	de 118 20	56
antenna mounted on too Also, if necessary for	pove, attach as an Exhibit furtiver and associated isolation carbon a complete description, attacystem. No change in da	ircuits. ch as an Ext	hibit a sketch o	of the details and	Exhibit No.
10. In what respect, if a permit?	any, does the apparatus const	ructed differ f	rom that describ	ped in the application for con	struction permit or in the
N/A					
11. Give reasons for th	e change in antenna or comm	on point resis	stance.		
Replacemen	FM antenna and isolut of guy wires at of tower lighting	lation eq	uipment		
I certify that I represen information and that it is	t the applicant in the capacity s true to the best of my knowle	indicated be	elow and that i lef.	have examined the foregoin	g statement of technical
Name (Please Print or 1	Гуре)		Signature (che	ck appropriate box below)	
Thomas S. Gor			, ,	Ble 8 68	
Address (include ZIP Co	ode)		Date		
Hatfield & Da	wson Consulting Engi	neers	Sept.	26, 2018	
9500 Greenwoo			Telephone No	(Include Area Code)	
Seattle, WA	96103-3012			•	783-9151
Technical Director			X Registere	d Professional Engineer	
Chief Operator			Technical	Consultant	

FCC 302-AM (Page 5) August 1995 Federal Communications Commission Washington, D. C. 20554

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

FCC			
USE			

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

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CITY Bala Cynwyd	STATE OR COUNTRY (if foreign address) PA	ZIP CODE 19004
TELEPHONE NUMBER (include area code) 610-660-5610	CALL LETTERS OTHER FCC KNX 9616	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	1	
Governmental Entity Noncommercial edu C. If Yes, provide the following information:		plain): Measurement of Power
Enter in Column (A) the correct Fee Type Code for the service you Fee Filing Guide." Column (B) lists the Fee Multiple applicable for the	are applying for. Fee Type Codes may be fo nis application. Enter fee amount due in Colum	und in the "Mass Media Services in (C).
(A) (B)	(C)	
FEE TYPE FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
0 0 0 1	\$	
To be used only when you are requesting concurrent actions which re	esult in a requirement to list more than one Fee	Type Code
(A) (B)	(C)	- Type code:
0 0 0 1	\$	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 EQUAL YOUR ENCLOSED REMITTANCE.	\$	

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2. This application is for:	Commercial AM Direct	[ctional	Noncomm ✓ AM N	nercial on-Directional		
Call letters	Community of License	Construction	on Permit File No.	Modification of Construction	Expiration Date of I	
KNX	Los Angeles, CA	_N/A		Permit File No(s).	Construction Permi	
3. Is the station n accordance with 47 C.F. If No, explain in an Exhi		to auton	natic program	test authority in	Yes	No N/A
4. Have all the term construction permit bee	s, conditions, and oblig n fully met?	ations se	et forth in the	above described	Yes Exhibit No.	No
If No, state exceptions i	n an Exhibit.				EXHIBIT NO.	N/A
the grant of the under	ges already reported, ha lying construction permited and in the construction perm	t which w	ould result in a	any statement or	Yes	No
If Yes, explain in an Ex	hibit.				Exhibit No.	N/A
	led its Ownership Report ace with 47 C.F.R. Section			ership	✓ Poes not a	No
If No, explain in an Exh	ibit.				Exhibit No.	
or administrative body was criminal proceeding, bro	ling been made or an ad with respect to the application bught under the provision elated antitrust or unfaunit; or discrimination?	ant or par ns of any l	ties to the appli law relating to the	cation in a civil or he following: any	Yes ✓	No
involved, including an id (by dates and file num information has been required by 47 U.S.C. S of that previous submis the call letters of the si	attach as an Exhibit a fudentification of the court of the carlier disclosed in consection 1.65(c), the application by reference to the tation regarding which the of filing; and (ii) the disponant of the court of	or administ on of the nnection cant need file numb ne applica	strative body an litigation. Whe with another a only provide: (in one in the case of the or Section or Section.)	nd the proceeding nere the requisite application or as in identification of an application, an information	Exhibit No.	

8. Does the applicant, or any party to the application, have the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the 5 with the AM facility proposed to be modified herein?	either in the existing bar	nd or
If Yes, provide particulars as an Exhibit.		Exhibit No.
The APPLICANT hereby waives any claim to the use of any against the regulatory power of the United States because requests and authorization in accordance with this application amended).	e use of the same, who n. (See Section 304 of the	ether by license or otherwise, and he Communications Act of 1934, as
The APPLICANT acknowledges that all the statements ma material representations and that all the exhibits are a materi	de in this application and al part hereof and are inc	d attached exhibits are considered corporated herein as set out in full in
CERTIFI	CATION	
 By checking Yes, the applicant certifies, that, in the case or she is not subject to a denial of federal benefits that incl to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U. case of a non-individual applicant (e.g., corporation, partner association), no party to the application is subject to a de includes FCC benefits pursuant to that section. For the de purposes, see 47 C.F.R. Section 1.2002(b). I certify that the statements in this application are true, coand are made in good faith. 	udes FCC benefits pursu .S.C. Section 862, or, in ship or other unincorpora enial of federal benefits (finition of a "party" for the	uant the ated that ese
Name John Kennedy	Signature & Herry	.2
Title Vice President of Technical Operations	Date 10/5/2015	Telephone Number 484-270-6320
WILLFUL FALSE STATEMENTS ON THIS FORM AR (U.S. CODE, TITLE 18, SECTION 1001), AND/OR	REVOCATION OF AN	NE AND/OR IMPRISONMENT Y STATION LICENSE OR

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.

	ICENSE APPLICATION ENGI	NEERING DATA						
Name of Applicar								
CBS RADIO E			4					
PURPOSE OF A	UTHORIZATION APPLIED FOR:	: (check one)						
	Station License	X Direct Mea	asurement of Pow	er				
1. Facilities auth	orized in construction permit							
Call Sign	File No. of Construction Permit		Hours of Opera	ition	Power in	kilowatts		
KNX	(if applicable)	(kHz) 1070	Unlimited		Night 50	Day 50		
2. Station location	on							
State	,		City or Town					
Californ	nia		Los Angele	s				
3. Transmitter lo	cation							
State	County		City or Town	·	Street address (or other identific	ation)		
CA	Los Angeles	•	Torrance		4301 W. 190	*		
4. Main studio lo	cation	•		-				
State	County		City or Town		Street address (or other identific	ation)		
CA	Los Angeles		Los Angele	s		re Bvd #200		
5. Remote contro	ol point location (specify only if au	uthorized direction	nal antenna)					
State County City or Town Street address (or other identification)				ation)				
	pling system meet the requireme					No Not Applicable		
8. Operating con	nstants:							
RF common poin modulation for nig	it or antenna current (in amperes) ght system 20) without	RF common po modulation for		current (in ampere	s) without		
operating frequer Night	na or common point resistance (ir ncy Day	ohms) at	Measured ante operating freque Night	nna or commor ency	n point reactance (in ohms) at		
124.7	124.7		-j277		-j27	7		
Antenna indication	ons for directional operation							
Antenna Towers Phase reading			Antenna monitor sample current ratio(s)		Antenna base currents			
	Night	Day	Night	Day	Night	Day		
			1					
Manufacturer and	d type of antenna monitor:							

SECTION III - Page 2

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

	ic sheets if necessary.					
Type Radiator Uniform cross-section guyed steel Overall height in meter radiator above base insulator, or above base grounded.		above ground (without		Overall height in meters above ground (include obstruction lighting)	le loaded or sectionalized, describe fully in an Exhibit.	
tower	150.2	15	50.5	152.1	Exhibit No.	
Excitation X Series Shunt						
Geographic coordinate tower location.	s to nearest second. For direc	tional antenna	a give coordina	ates of center of array. For si	ngle vertical radiator give	
North Latitude 3	33 51	35"	West Longit	ude 0 2	0 56	
Also, if necessary for	bove, attach as an Exhibit furthower and associated isolation carbon a complete description, attacsystem. No change in da	ircuits. ch as an Ext	nibit a sketch	of the details and	Exhibit No.	
10. In what respect, if permit? ${\rm N/A} \label{eq:n/A}$	any, does the apparatus const	ructed differ fi	rom that descr	ibed in the application for co	nstruction permit or in the	
Removal of Replacemen	ne change in antenna or comm f FM antenna and isol nt of guy wires nt of tower lighting					
I certify that I represer information and that it i	nt the applicant in the capacity is true to the best of my knowle	indicated be dge and belie	low and that I	have examined the foregoin	ng statement of technical	
Name (Please Print or Thomas S. Gor	** '		Signature (ch	eck appropriate box below)	2	
	wson Consulting Engi	neers	Date Sept.	. 26, 2018		
9500 Greenwoo Seattle, WA			Telephone No	o. (Include Area Code)) 783-9151	
Technical Directo	r		X Register	ed Professional Engineer		
Chief Operator		[Technica	al Consultant		
Other (specify)						

FCC 302-AM (Page 5) August 1995