

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

Section I - General Information

1.	Legal Name of the Applicant INTERNATIONAL AEROSPACE SOLUTIONS, INC.	
	Mailing Address BOX 6879	
	City VENTURA	State or Country (if foreign address) CA
	Telephone Number (include area code) 8004903068	E-Mail Address (if available) DDOUBLEBLEU@AOL.COM
	FCC Registration No 0018758474	Call Sign K241BK
	Facility ID Number 146398	
2.	Contact Representative (if other than licensee/permittee) BARRY D. WOOD	Firm or Company Name WOOD & MAINES, PC
	Mailing Address 3300 FAIRFAX DRIVE SUITE 202	
	City ARLINGTON	State or Country (if foreign address) VA
	Telephone Number (include area code) 7034652361	E-Mail Address (if available) WOODLEGAL@COMCAST.NET
3.	Purpose: <div><input type="radio"/> Engineering STA</div> <div><input checked="" type="radio"/> Extension of Existing Engineering STA File Number: BSTA - 20210217AAH</div> <div><input type="radio"/> Legal STA</div> <div><input type="radio"/> Extension of Existing Legal STA</div>	
4.	Service: FX	
5.	Community of License: City: SOUTH LAKE TAHOE State: CA	
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <div><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input type="text"/></div>	
7.	<div>For FM Boosters and Fill-in translators only. Applicant certifies that the proposal is for a fill-in translator or booster station entirely within the primary station's protected contour.</div> <div><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</div> <div>See Explanation in <div>Exhibit 27</div>;</div>	
8.	<div>Interference. The proposed facility complies with all of the following applicable rule sections. Check all that apply:</div> <div><input checked="" type="radio"/> Yes <input type="radio"/> No</div> <div>See Explanation in <div>Exhibit 28</div></div> <div>Overlap Requirements. <input checked="" type="checkbox"/> a) 47 C.F.R. Section 74.1204 Exhibit Required.</div> <div>Television Channel 6 Protection. (Ch 201 - 220 only) <input type="checkbox"/> b) 47 C.F.R. Section 74.1205 with respect to station(s) Exhibit Required.</div> <div><div>Exhibit 29</div><div>Exhibit 30</div></div>	
9.	<div>Environmental Protection Act. Applicant certifies that the proposed facility is excluded from environmental processing under 47. C.F.R. Section 1.1306 (i.e., the facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an Exhibit is required.</div> <div>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 having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.</div> <div><input checked="" type="radio"/> Yes <input type="radio"/> No</div> <div>See Explanation in <div>Exhibit 31</div></div>	
10.	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 temorary 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.	<div>Exhibit 32</div>
11.	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.	<div><input checked="" type="radio"/> Yes <input type="radio"/> No</div>

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 DARRELL WAMPLER	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date (mm/dd/yyyy) 8/18/2021

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).