

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

Section I - General Information

1.	Legal Name of the Applicant SAGITTARIUS COMMUNICATIONS, LLC Mailing Address C/O NELSON CINTRON 3032 VEGA DRIVE <table border="1"> <tr> <td data-bbox="133 525 560 600">City CLEVELAND</td> <td data-bbox="560 525 1125 600">State or Country (if foreign address) OH</td> <td data-bbox="1125 525 1515 600">Zip Code 44113 -</td> </tr> <tr> <td colspan="2" data-bbox="133 600 1125 676">Telephone Number (include area code) 0000000000</td> <td data-bbox="1125 600 1515 676">E-Mail Address (if available)</td> </tr> <tr> <td data-bbox="133 676 560 760">FCC Registration No</td> <td data-bbox="560 676 1125 760">Call Sign WYCL</td> <td data-bbox="1125 676 1515 760">Facility ID Number 73308</td> </tr> </table>			City CLEVELAND	State or Country (if foreign address) OH	Zip Code 44113 -	Telephone Number (include area code) 0000000000		E-Mail Address (if available)	FCC Registration No	Call Sign WYCL	Facility ID Number 73308
City CLEVELAND	State or Country (if foreign address) OH	Zip Code 44113 -										
Telephone Number (include area code) 0000000000		E-Mail Address (if available)										
FCC Registration No	Call Sign WYCL	Facility ID Number 73308										
2.	Contact Representative (if other than licensee/permittee) JOHN NEELY, ESQ Mailing Address 4 SIMMS COURT <table border="1"> <tr> <td data-bbox="133 957 560 1033">City KENSINGTON</td> <td data-bbox="560 957 1125 1033">State or Country (if foreign address) MD</td> <td data-bbox="1125 957 1515 1033">ZIP Code 20895 -</td> </tr> <tr> <td colspan="2" data-bbox="133 1033 1125 1113">Telephone Number (include area code) 3019336304</td> <td data-bbox="1125 1033 1515 1113">E-Mail Address (if available) JOHNSNEELY@YAHOO.COM</td> </tr> </table>			City KENSINGTON	State or Country (if foreign address) MD	ZIP Code 20895 -	Telephone Number (include area code) 3019336304		E-Mail Address (if available) JOHNSNEELY@YAHOO.COM			
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Telephone Number (include area code) 3019336304		E-Mail Address (if available) JOHNSNEELY@YAHOO.COM										
3.	Purpose: <input type="radio"/> Engineering STA <input checked="" type="radio"/> Extension of Existing Engineering STA File Number: BSTA - 20180706AAW <input type="radio"/> Legal STA <input type="radio"/> Extension of Existing Legal STA											
4.	Service: AM											
5.	Community of License: City: NILES State: OH											
6.	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/Permittee <input type="radio"/> Other <input type="text"/> <input checked="" type="radio"/> N/A (Fee Required)											
7.	Environmental Protection Act. 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. 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.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in <div style="border: 1px solid black; padding: 2px; display: inline-block;">Exhibit 33</div>										

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.	<input checked="" type="radio"/> Yes <input type="radio"/> 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 JOHN NEELY	Typed or Printed Title of Person Signing COUNSEL
Signature	Date (mm/dd/yyyy) 8/30/2021

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).

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