

FEDERAL COMMUNICATIONS COMMISSION

CLASS OF STATION TV

MEH

The following application is submitted for action by the Chief, Broadcast Bureau.

ST	FILE NUMBER	CALL	APPLICANT AND LOCATION	NATURE OF APPLICATION
LA	BPCT -900726KG N/M	NEW CHAN-54	TRUDY M. MITCHELL SLIDELL LA	CP FOR A NEW COMMERCIAL TELEVISION STATION TO SERVE SLIDELL, LOUISIANA; CHANNEL 54; ERP(VIS): 100KW; HAAT: 897 FEET; ANT: BOGNER BUI-32L 29-11-55/90-01-29 TO CHANGE THE ERP(VIS): 500KW; HAAT: 118 MEANS: 118 FEET; 118 AVES, SLIDELL, ST. TAMMY PARISH LOUISIANA; ANT: DIELECTRIC PROD./TLP24A(BT) 30-18-00/88-48-48 TRUDY M. MITCHELL-ATTORNEY

LICENSE EXPIRATION DATE _____

J. P. Poles
C. Whitmyer
CHIEF LICENSE DIVISION

RECOMMENDATION: GRANT() CONSTRUCTION DATES, START _____ END _____

CONTESTED () UNCONTESTED ()

APPROVED _____

FOR CHIEF, BROADCAST BUREAU

F.C.C.-WASHINGTON, D.C.

FEDERAL COMMUNICATIONS COMMISSION
FEE PROCESSING FORM

FOR
FCC
USE
ONLY

FCC/MELLON MAR 15 1991

03-18-91 8165387 001

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

SECTION I

APPLICANT NAME (Last, first, middle initial)

Mitchell, Trudy M.

MAILING ADDRESS (Line 1) (Maximum 85 characters - refer to Instruction (2) on reverse of form)

18100 Commission Road

REC'D MASS MED BUR

MAILING ADDRESS (Line 2) (if required) (Maximum 85 characters)

MAR 19 1991

CITY

Longbeach

VIDEO SERVICES

STATE OR COUNTRY (if foreign address)

MS

ZIP CODE

39560

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

Ch. 54 Slidell, LA

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) M Y T		\$2,535.00	

SECTION II

— 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)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(2)		\$	
(3)		\$	
(4)		\$	
(5)		\$	
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.			FOR FCC USE ONLY
TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING \$2,535.00			2,535.00

INSTRUCTIONS FOR COMPLETING FEE PROCESSING FORM, FCC FORM 155, May 1990

- (1) "Applicant Name" - Enter the name (last, first, middle initial) of the applicant as it appears on the original application or filing being submitted with this Fee Processing Form. If company, enter name which is used commercially.
- (2) "Mailing Address (Line 1)" - Enter the street address or post office box number to which the applicant wishes correspondence sent.
- (3) "Mailing Address (Line 2)" - This line may be used for further identification of the address if additional space is required.
- (4) "City" - Enter the name of the city associated with the given street address.
- (5) "State or Country" - Enter the appropriate two-digit state abbreviation as prescribed by the U.S. Postal Service. If address is foreign, enter the appropriate country name here.
- (6) "ZIP Code" - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Postal Service.
- (7) "Call Sign or Other FCC Identifier" - Enter an applicable call sign or unique FCC identifier, if any, as shown on your attached application or filing. If applying for a service affecting more than one call sign, enter one call sign only.
- (8) Column (A), "Fee Type Code" - Enter correct Fee Type Code(s) from the appropriate Fee Filing Guide. Only one Fee Processing Form may be submitted per application or filing. Inaccurate or erroneous Fee Type Codes may result in your application or filing being returned to you without further processing.
- (9) Column (B), "Fee Multiple" - Certain applications and filings may request action with respect to more than one station, license, frequency, or party and can be submitted together with one check if they meet specific conditions. This column is used only if a multiple, i.e., two or more, is being applied for. Examples of when this would be used are renewing more than one call sign, frequency, station, or the transfer of control of more than one station. Refer to the appropriate Fee Filing Guide for additional information.
- (10) Column (C), "Fee Due For Fee Type Code in Column (A)" - Enter in this block the amount of the fee associated with the Fee Type Code shown in Column (A) (times (x) the fee multiple, if required).
- (11) "Total Amount Remitted With This Application or Filing" - Enter the total of lines (1) through (5) of Column (C). This amount should equal the amount of your check or money order. We will not accept multiple checks.

HOW TO SUBMIT APPLICATIONS AND FILINGS

- o Each application or filing should be assembled with the Fee Processing Form stapled to the top of the application with the check placed on top of the Fee Processing Form. DO NOT STAPLE THE CHECK TO THE APPLICATION OR FEE PROCESSING FORM. Required copies of applications should be clearly identified as "duplicate copy" and placed behind the original package. A copy of an application or filing submitted for receipt purposes only should be placed at the bottom of the submission. Extraneous material and extra copies should be avoided at all times. Failure to abide by these instructions will delay the processing of your submission.
- o Completed applications or filings should be mailed to the proper address shown in the Fee Filing Guide for the particular service for which you are applying or making a filing. Applications and filings which are properly addressed to the appropriate P.O. box number may also be hand delivered to the following address. Applications received before midnight on a normal business day will receive that day's date as the receipt date. Deliveries made after midnight on Fridays will not be "officially" receipted until the next Monday. Applications received on weekends and government holidays are dated the next regular business day.

Federal Communications Commission
c/o Mellon Bank
Three Mellon Bank Center
525 William Penn Way
27th Floor, Rm. 153-2713
Pittsburgh, Pennsylvania 15259-0001
(Attention: Wholesale Lockbox Shift Supervisor)

- o A single check, bank draft or money order made payable to the Federal Communications Commission and denominated in U.S. dollars and drawn upon a U.S. financial institution must be included with each application or filing requiring a fee. No postdated, altered or third-party checks will be accepted. Do not send cash.
- o Parties hand delivering applications or filings may receive dated receipt copies by presenting copies of the applications or filings to the acceptance clerk at the time of delivery. Receipts will be provided for mail-in applications or filings if an extra copy of the application or filing is provided along with a self-addressed stamped envelope. Only one piece of paper per application or filing will be stamped for receipt purposes.

REMEMBER

- o A separate completed Fee Processing Form is required with each application or filing except in certain circumstances. Please refer to the appropriate Fee Filing Guide for additional information.
- o A wrong Fee Type Code or incorrect remittance may result in your application or filing being returned without processing, or result in the dismissal of your application or filing. Please ensure that FEE TYPE CODES are correct and that your check or money order equals the amount shown in the TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING block before submitting your application or filing.
- o If you have any questions completing this form, please call the Fees Hotline, 202/632-FEES.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 1, Subpart G of the Commission's rules authorize the FCC to request the information on this form. The information requested is required in order to obtain a license or authorization from the Commission. The purpose of the information is to provide a means to link a fee payment to a specific invoice, application or filing. The information will be used by the Commission to maintain data concerning fees paid to the Commission, for internal financial control, audit, and reporting purposes; Information requested on this form will be available to the public. Your response is required to obtain a license or other authorization from the Commission.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3060-0440), Washington, DC 20503.

APPLICATION FOR CONSTRUCTION PERMIT FOR COMMERCIAL BROADCAST STATION

For COMMISSION Fee Use Only	FEE NO:	For APPLICANT Fee Use Only
	FEE TYPE:	Is a fee submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	FEE AMT:	If fee exempt (see 47 C.F.R. Section 1.1112), indicate reason therefor (check one box): <input type="checkbox"/> Noncommercial educational licensee <input type="checkbox"/> Governmental entity
	ID SEQ:	FOR COMMISSION USE ONLY FILE NO. <u>BPC T-900726K G</u>

Section I - GENERAL INFORMATION

1. Name of Applicant Trudy M. Mitchell			Send notices and communications to the following person at the address below: Name Same		
Street Address or P.O. Box 18100 Commission Rd			Street Address or P.O. Box		
City Longbeach	State MS	ZIP Code 39569	City	State	ZIP Code
Telephone No. (Include Area Code) (601) 863-8881			Telephone No. (Include Area Code)		

2 This application is for: AM FM TV

(a) Channel No. or Frequency 54+	(b) Principal Community	City Slidell	State LA
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(c) Check one of the following boxes:

- Application for NEW station
- MAJOR change in licensed facilities; call sign: _____
- MINOR change in licensed facilities; call sign: _____
- MAJOR modification of construction permit; call sign: _____
File No. of construction permit: _____
- MINOR modification of construction permit; call sign: _____
File No. of construction permit: _____
- AMENDMENT to pending application; Application file number: _____

NOTE: It is not necessary to use this form to amend a previously filed application. Should you do so, however, please submit only Section I and those other portions of the form that contain the amended information.

3. Is this application mutually exclusive with a renewal application? Yes No

If Yes, state:

Call letters	Community of License	
	City	State

Section II - LEGAL QUALIFICATIONS

Name of Applicant

Trudy M., Mitchell

1. Applicant is: (check one box below)

- Individual
- General partnership
- For-profit corporation
- Other
- Limited partnership
- Not-for-profit corporation

2. If the applicant is an unincorporated association or a legal entity other than an individual, partnership, or corporation, describe in an Exhibit the nature of the application.

Exhibit No.

NOTE: The terms "applicant," "parties to this application," and "non-party equity owners in the applicant" are defined in the instructions for Section II of this form. Complete information as to each "party to this application" and each "non-party equity owner in the applicant" is required. If the applicant considers that to furnish complete information would pose an unreasonable burden, it may request that the Commission waive the strict terms of this requirement with appropriate justification.

If the applicant is not an individual, provide the date and place of filing of the applicant's enabling charter (e.g., a limited partnership must identify its certificate of limited partnership and a corporation must identify its articles of incorporation by date and place of filing):

Date _____ Place _____

In the event there is no requirement that the enabling charter be filed with the state, the applicant shall include the enabling charter in the applicant's public inspection file. If, in the case of a partnership, the enabling charter does not include the partnership agreement itself, the applicant shall include a copy of the agreement in the applicant's public inspection file.

4. Are there any documents, instruments, contracts or understandings (written or oral), other than instruments identified in response to Question 3 above, relating to future ownership interests in the applicant, including but not limited to, insulated limited partnership shares, nonvoting stock interests, beneficial stock ownership interests, options, rights of first refusal, or debentures?

Yes No

If Yes, submit as an Exhibit all such written documents, instruments, contracts, or understandings, and provide the particulars of any oral agreement.

Exhibit No.

5. Complete, if applicable, the following certifications:

(a) Applicant certifies that no limited partner will be involved in any material respect in the management or operation of the proposed station.

Yes No

If No, applicant must complete Question 6 below with respect to all limited partners actively involved in the media activities of the partnership.

(b) Does any investment company (as defined in 15 U.S.C. Section 80 a-3), insurance company, or trust department of any bank have an aggregated holding of greater than 5% but less than 10% of the outstanding votes of the applicant?

Yes No

If Yes, applicant certifies that the entity holding such interest exercises no influence or control over the applicant, directly or indirectly, and has no representatives among the officers and directors of the applicant.

Yes No

Section 11 - LEGAL QUALIFICATIONS (Page 2)

6. List the applicant, parties to the application and non-party equity owners in the applicant. Use one column for each individual or entity. Attach additional pages if necessary.

(Read carefully - The numbered items below refer to line numbers in the following table.)

- | | |
|---|---|
| <p>1. Name and residence of the applicant and, if applicable, its officers, directors, stockholders, or partners (if other than individual also show name, address and citizenship of natural person authorized to vote the stock). List the applicant first, officers next, then directors and, thereafter, remaining stockholders and partners.</p> <p>2. Citizenship.</p> <p>3. Office or directorship held.</p> <p>4. Number of shares or nature of partnership interests.</p> <p>5. Number of votes.</p> | <p>6. Percentage of votes.</p> <p>7. Other existing attributable interests in any broadcast station, including the nature and size of such interests.</p> <p>8. All other ownership interests of 5% or more (whether or not attributable), as well as any corporate officership or directorship, in broadcast, cable, or newspaper entities in the same market or with overlapping signals in the same broadcast service, as described in 47 C.F.R. Section 73.3555 and 73.501, including the nature and size of such interests and the positions held.</p> |
|---|---|

1	Trudy M. Mitchell		
2	U.S.A.		
3	100%		
4	N/A		
5	N/A		
6	N/A		
7	None		
8	None		

Section 11 - LEGAL QUALIFICATIONS (Page 3)

7. Does the applicant, any party to the application or any non-party equity owner in the applicant have, or have they had, any interest in:

(a) a broadcast station, or pending broadcast station application before the Commission?

Yes No

(b) a broadcast application which has been dismissed with prejudice by the Commission?

Yes No

(c) a broadcast application which has been denied by the Commission?

Yes No

(d) a broadcast station, the license of which has been revoked?

Yes No

(e) a broadcast application in any pending or concluded Commission proceeding which left unresolved character issues against the applicant?

Yes No

If the answer to any of the questions in (a)-(e) above is Yes, state in an Exhibit the following information:

Exhibit No.

(1) Name of party having interest;

(2) Nature of interest or connection, giving dates;

(3) Call letters of stations or file number of application or docket; and

(4) Location.

8. (a) Are any of the parties to the application or non-party equity owners in the applicant related (as husband, wife, father, mother, brother, sister, son or daughter) to each other?

Yes No

(b) Does any member of the immediate family (i.e., husband, wife, father, mother, brother, sister, son or daughter) of any party to the application or non-party equity owner in the applicant have any interest in or connection with any other broadcast station, pending broadcast application or newspaper in the same area (see Section 73.3555(c)) or, in the case of a television station applicant only, a cable television system in the same area (see Section 76.501(a))?

Yes No

If the answer to (a) or (b) above is Yes, attach an Exhibit giving full disclosure concerning the persons involved, their relationship, the nature and extent of such interest or connection, the file number of such application, and the location of such station or proposed station.

Exhibit No.

9. State in an Exhibit any interest the applicant or any party to this application proposes to divest in the event of a grant of this application.

Exhibit No.

OTHER MASS MEDIA INTERESTS

10. (a) Do individuals or entities holding nonattributable interests of 5% or more in the applicant have an attributable ownership interest or corporate officership or directorship in a broadcast station, newspaper or CATV system in the same area? (See Instruction 8 to Section 11.)

Yes No

(b) Does any member of the immediate family (i.e., husband, wife, father, mother, brother, sister, son or daughter) of an individual holding a nonattributable interest of 5% or more in the applicant have any interest in or connection with any other broadcast station, pending broadcast application, newspaper in the same area (see Section 73.3555(c)), or, in the case of a television station applicant only, a cable television system in the same area (see Section 76.501(a))?

Yes No

If the answer to (a) and/or (b) above is Yes, attach an Exhibit giving a full disclosure concerning the persons involved, their relationship, the nature and extent of such interest or connection, the file number of such application, and the location of such station or proposed station.

Exhibit No.

Section 11 - LEGAL QUALIFICATIONS (Page 4)

CITIZENSHIP AND OTHER STATUTORY REQUIREMENTS

11. (a) Is the applicant in violation of the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments? (See Instruction C to Section 11.)

Yes No

(b) Will any funds, credits or other financial assistance for the construction, purchase or operation of the station(s) be provided by aliens, foreign entities, domestic entities controlled by aliens, or their agents?

Yes No

If the answer to (b) above is Yes, attach an Exhibit giving full disclosure concerning this assistance.

Exhibit No.

12. (a) Has an adverse finding been made or an adverse final action been taken by any court or administrative body as to the applicant, any party to this application, or any non-party equity owner in the applicant in a civil or criminal proceeding brought under the provisions of any law related to the following:

Any felony; broadcast related antitrust or unfair competition; criminal fraud or fraud before another governmental unit; or discrimination?

Yes No

(b) Is there now pending in any court or administrative body any proceeding involving any of the matters referred to in (a) above?

Yes No

If the answer to (a) and/or (b) above is Yes, attach an Exhibit giving full disclosure concerning persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), a statement of the facts upon which the proceeding is or was based or the nature of the offense alleged or committed, and a description of the current status or disposition of the matter.

Exhibit No.

SECTION III - FINANCIAL QUALIFICATIONS

NOTE: If this application is for a change in an operating facility do not fill out this section.

1. The applicant certifies that sufficient net liquid assets are on hand or that sufficient funds are available from committed sources to construct and operate the requested facilities for three months without revenue.

Yes No

2. State the total funds you estimate are necessary to construct and operate the requested facility for three months without revenue.

\$ 400,000

3. Identify each source of funds, including the name, address, and telephone number of the source (and a contact person if the source is an entity), the relationship (if any) of the source to the applicant, and the amount of funds to be supplied by each source.

Source of Funds (Name and Address)	Telephone Number	Relationship	Amount
<p>Applicant will use her own funds and equipment.</p>			

Section IV-A - PROGRAM SERVICE STATEMENT

Attach as an Exhibit, a brief description, in narrative form, of the planned programming service relating to the issues of public concern facing the proposed service area.

Exhibit No.
1 *below

Section IV-B - INTEGRATION STATEMENT

Attach as an Exhibit the information required in 1 and 2 below.

Exhibit No.
2 **below

1 List each principal of the applicant who, in the event of a grant of the application on a comparative basis proposes to participate in the management of the proposed facility and, with respect to each such principal, state whether he or she will work full-time (minimum 40 hours per week) or part-time (minimum 20 hours per week) and briefly describe the proposed position and duties.

2 State with respect to each principal identified in response to Item 1 above, whether the applicant will claim qualitative credit for any of the following enhancement factors:

(a) Minority Status

(b) Past Local Residence

If Yes, specify whether in the community of license or service area and the corresponding dates.

(c) Female Status

(d) Broadcast Experience

If Yes, list each employer and position and corresponding dates.

(e) Daytime Preference

* EXHIBIT #1 Applicant plans to air public service announcements as other programs that the local community is involved in. It will air news events in "NEWS BULLETIN" form with news breaks as they happen. It will also carry movies, sports, game shows, etc.

** EXHIBIT #2 The Applicant, Trudy M. Mitchell, will claim minority status for being a female, she will work 40 hours or more per week in a management position, she will move to Slidell if she is successful in this Application.

Section V-C - TV BROADCAST ENGINEERING DATA	FOR COMMISSION USE ONLY File No. _____ ASB Referral Date _____ Referred by _____
--	--

Name of Applicant <p style="text-align: center;">Trudy M. Mitchell</p>	Call letters (if issued)
---	--------------------------

Purpose of Application (check appropriate box):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Construct a new (main) facility | <input type="checkbox"/> Construct a new auxiliary facility |
| <input type="checkbox"/> Modify existing construction permit for main facility | <input type="checkbox"/> Modify existing construction permit for auxiliary facility |
| <input type="checkbox"/> Modify licensed main facility | <input type="checkbox"/> Modify licensed auxiliary facility |

If purpose is to modify, indicate nature of change(s) by checking appropriate box(es), and specify the file number(s) of the authorization(s) affected:

- | | |
|---|--|
| <input type="checkbox"/> Antenna supporting-structure height | <input type="checkbox"/> Effective radiated power |
| <input type="checkbox"/> Antenna height above average terrain | <input type="checkbox"/> Frequency |
| <input type="checkbox"/> Antenna location | <input type="checkbox"/> Antenna system |
| <input type="checkbox"/> Main Studio location | <input type="checkbox"/> Other (Summarize briefly) |

File Number(s) _____

1. Allocation:

Channel No. 54	Offset (check one)	Principal community to be served:	Zone (check one)						
	<input checked="" type="checkbox"/> Plus	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">County</td> <td style="width: 33%;">State</td> </tr> <tr> <td style="text-align: center;">Slidell</td> <td style="text-align: center;">St. Tammany Parrish</td> <td style="text-align: center;">LA</td> </tr> </table>	City	County	State	Slidell	St. Tammany Parrish	LA	<input type="checkbox"/> I
City	County	State							
Slidell	St. Tammany Parrish	LA							
	<input type="checkbox"/> Minus		<input type="checkbox"/> II						
	<input type="checkbox"/> Zero		<input checked="" type="checkbox"/> III						

2. Exact location of antenna:

(a) Specify address, town or city, county and state. If no address, specify distance and bearing to the nearest landmark.

(b) Geographical coordinates (to nearest second). If mounted on element of an AM array, specify coordinates of center of array. Otherwise, specify tower location. Specify South Latitude or East Longitude where applicable; otherwise, North Latitude and West Longitude will be presumed.

Latitude 29 ° 55 ' 11 "	Longitude 90 ° 01 ' 29 "
-------------------------	--------------------------

3. Is the supporting structure the same as that of another station(s) or proposed in another pending application(s)? Yes No

If Yes, give call letter(s) or file number(s) or both. WQXY FM and TV 49

If proposal involves a change in height of an existing structure, specify existing height above ground level, including antenna, all other appurtenances, and lighting, if any. NO

SECTION V-C - TV BROADCAST ENGINEERING DATA (Page 2)

4. Does the application propose to correct previous site coordinates?

Yes No

If Yes, list old coordinates.

Latitude	Longitude
----------	-----------

5. Has the FAA been notified of the proposed construction? N/A going on existing Tower

Yes No

If Yes, give date and office where notice was filed and attach as an Exhibit a copy of FAA determination, if available.

Exhibit No.

Date _____ Office where filed _____

6. List all landing areas within 8 km of antenna site. Specify distance and bearing from structure to nearest point of the nearest runway.

	Landing Area	Distance (km)	Bearing (degrees True)
(a)	_____	_____	_____
(b)	_____	_____	_____

7. (a) Elevation: (to the nearest meter)

- (1) of site above mean sea level; 0 meters
- (2) of the top of supporting structure above ground (including antenna, all other appurtenances, and lighting, if any); and 1049 ft meters
- (3) of the top of supporting structure above mean sea level [(a)(1) + (a)(2)]. 1049 ft meters

(b) Height of antenna radiation center: (to the nearest meter)

- (1) above ground; 900 ft meters
- (2) above mean sea level [(a)(1) + (b)(1)]; and 900 ft meters
- (3) above average terrain. 897 ft meters

8. Attach as an Exhibit sketch(es) of the supporting structure, labelling all elevations required in Question 7 above, except item 7(b)(3). If mounted on an AM directional-array element, specify heights and orientations of all array towers, as well as location of TV radiator.

Exhibit No. E 1

9. Maximum visual effective radiated power 1000 kW

SECTION V-C - TV BROADCAST ENGINEERING DATA (Page 3)

10. Antenna:

(a) Manufacturer Bogner (b) Model No. BUI 32L

(c) Is a directional antenna proposed?

Yes No

If Yes, specify major lobe azimuth(s) _____ degrees True and attach as an Exhibit all data specified in 47 C.F.R. Section 73.685.

Exhibit No. _____

(d) Is electrical beam tilt proposed?

Yes No

If Yes, specify _____ degrees electrical beam tilt and attach as an Exhibit all data specified in 47 C.F.R. Section 73.685.

Exhibit No. _____

(e) Is mechanical beam tilt proposed?

Yes No

If Yes, specify _____ degrees mechanical beam tilt toward azimuth _____ degrees True and attach as an Exhibit all data specified in 47 C.F.R. Section 73.685.

Exhibit No. _____

(f) The proposed antenna is (check only one box)

horizontally polarized circularly polarized elliptically polarized

11. Will the proposed facility satisfy the requirements of 47 C.F.R. Sections 73.685(a) and (b)?

Yes No

If No, attach as an Exhibit justification therefor, including amounts and percentages of population and area that will not receive City Grade service.

Exhibit No. _____

12. Will the main studio be located within the station's predicted principal community contour as defined by 47 C.F.R. Section 73.685(a)?

Yes No

If No, attach as an Exhibit justification pursuant to 47 C.F.R. Section 73.1125.

Exhibit No. _____

13. Does the proposed facility satisfy the requirement of 47 C.F.R. Section 73.610?

Yes No

No, attach as an Exhibit justification therefor, including a summary of any previously granted waiver(s).

Exhibit No. _____

14. Are there: (a) within 60 meters of the proposed antenna, any proposed or authorized FM or TV transmitters; or (b) in the general vicinity, any nonbroadcast (except citizens band or amateur) radio stations or any established commercial or government receiving stations?

Yes No

If Yes, attach as an Exhibit a description of the expected, undesired effects of operations and remedial steps to be pursued, if necessary, and a statement accepting full responsibility for the elimination of any objectionable interference (including that caused by intermodulation) to facilities in existence or authorized prior to grant of this application. (See 47 C.F.R. Sections 73.685(d) and (g).)

Exhibit No. E2

15. Attach as an Exhibit a topographic map that shows clearly, legibly, and accurately, the location of the proposed transmitting antenna. This map must comply with the provisions of 47 C.F.R. Section 73.684(g). The map must further display clearly and legibly the original printed contour lines and data as well as latitude and longitude markings, and must bear a scale of distance in kilometers.

Exhibit No. E3

16. Attach as an Exhibit a map (Sectional Aeronautical Chart or equivalent) which shows clearly, legibly and accurately, and with the original printed latitude and longitude markings and a scale of distance in kilometers:

Exhibit No.
E4

- (a) The proposed transmitter location, and the radials along which profile graphs have been prepared;
- (b) The City Grade, Grade A and Grade B predicted contours; and
- (c) The legal boundaries of the principal community to be served.

17. Specify area in square kilometers (1 sq. ml. - 259 sq. km.) and population (latest census) within the predicted Grade B contour.

Area 5,790 sq. km. Population 786,100

18. For an application involving an auxiliary facility only, attach as an Exhibit a map (Sectional Aeronautical Chart or equivalent) that shows clearly, legibly, and accurately, and with latitude and longitude markings and a scale of distance in kilometers:

Exhibit No.

- (a) The proposed auxiliary Grade B contour; and
- (b) The Grade B contour of the licensed main facility for which the applied-for facility will be the auxiliary.

(Main facility license file number _____)

19. Terrain and Coverage Data (To be calculated in accordance with 47 C.F.R. Section 73.684.)

Source of terrain data: (check only one box below)

- Linearly interpolated 30-second database (Source: _____)
- 75 minute topographic map
- Other (briefly summarize)

Radial bearing (degrees True)	Height of radiation center above average elevation of radial from 3 to 16 km (kilometers) Feet	Predicted Distances		
		To the City Grade Contour Miles (kilometers)	To the Grade A Contour Miles (kilometers)	To the Grade B Contour Miles (kilometers)
*	872	31.8	38.0	48.7
0	872	31.8	38.0	48.7
45	870	31.6	38.0	48.4
90	892	32.4	38.6	48.7
135	900	32.6	38.6	48.8
180	900	32.6	38.6	48.8
225	900	32.6	38.6	48.8
270	892	32.4	38.6	48.7
315	897	32.3	38.5	48.6

*Radial through principal community, if not one of the major radials. This radial should NOT be included in calculation of HAAT.

20. Environmental Statement (See 47 C.F.R. Section 1.1301 et seq.)

Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact?

Yes No

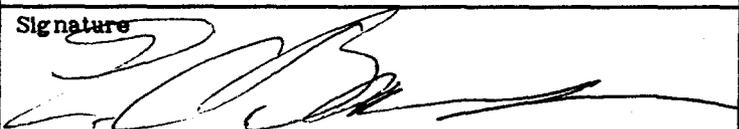
If you answer Yes, submit as an Exhibit an Environmental Assessment required by 47 C.F.R. Section 1.1311.

Exhibit No.

If No, explain briefly why not.

CERTIFICATION

I certify that I have prepared this Section of this application on behalf of the applicant, and that after such preparation, I have examined the foregoing and found it to be accurate and true to the best of my knowledge and belief.

Name (Typed or Printed) E.C. Bowlds	Relationship to Applicant (e.g., Consulting Engineer) Consultant
Signature 	Address (Include ZIP Code) 2202 Montauk St. 34952
Date 7/25/90	Telephone No. (Include Area Code) (407) 337-5168

SECTION VI - EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

1. Does the applicant propose to employ five or more full-time employees?

Yes No

If Yes, the applicant must include an EEO program called for in the separate Broadcast Equal Employment Opportunity Program Report (FCC 898-A).

SECTION VII - CERTIFICATIONS

1. Has or will the applicant comply with the public notice requirement of 47 C.F.R. Section 73.3590?

Yes No

2. Has the applicant reasonable assurance, in good faith, that the site or structure proposed in Section V of this form, as the location of its transmitting antenna, will be available to the applicant for the applicant's intended purpose?

Yes No

Exhibit No.

No, attach as an Exhibit, a full explanation.

3. If reasonable assurance is not based on applicant's ownership of the proposed site or structure, applicant certifies that it has obtained such reasonable assurance by contacting the owner or person possessing control of the site or structure.

Name of Person Contacted Bob Hutson

Telephone No. (include area code) 1 800 636-5608

Person contacted: (check one box below)

Owner Owner's Agent Other (specify)

The APPLICANT hereby waives 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 requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

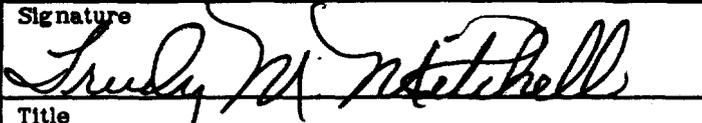
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations, and that all exhibits are a material part hereof and incorporated herein.

The APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

In accordance with 47 C.F.R. Section 1.65, the APPLICANT has a continuing obligation to advise the Commission, through amendments, of any substantial and significant changes in information furnished.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT.
 U.S. CODE, TITLE 18, SECTION 1001.

I certify that the statements in this application are true and correct to the best of my knowledge and belief, and are made in good faith.

Name of Applicant Trudy M. Mitchell	Signature 
Date 7/25/90	Title Owner

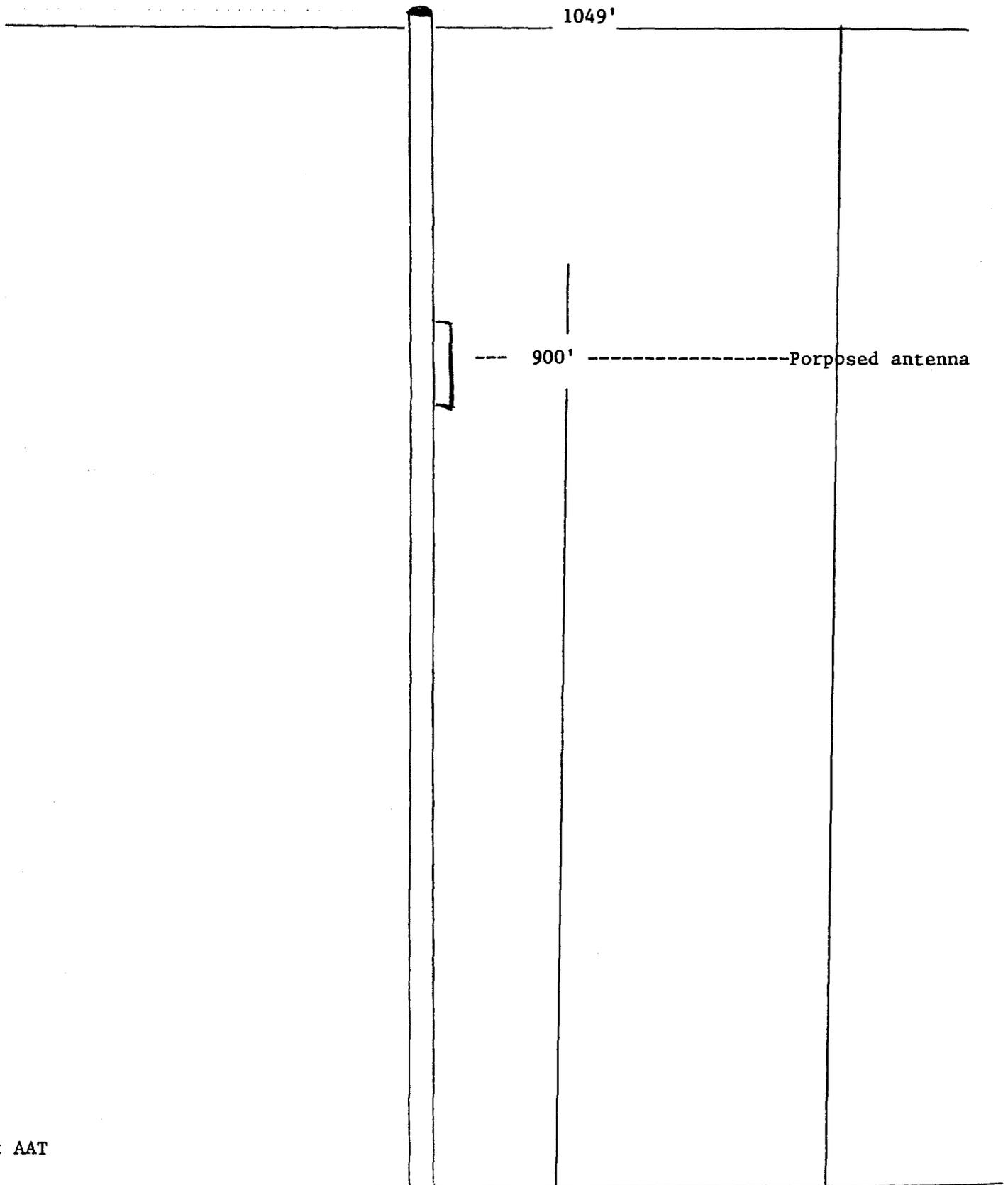
FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT
 AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act, 1934, as amended. The principal purpose for which the information will be used is to determine if the benefit requested is consistent with the public interest. The staff, consisting variously of attorneys, analysts, engineers and applications examiners, will use the information to determine whether the application should be granted, denied, dismissed, or designated for hearing. If all the information 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. Accordingly, every effort should be made to provide all necessary information. Your response is required to obtain the requested authority.

Public reporting burden for this collection of information is estimated to vary from 71 hours 45 minutes to 301 hours 30 minutes with an average of 118 hours 28 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, Office of Managing Director, Washington, D.C. 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3060-0027), Washington, D.C. 20503.

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.

EXHIBIT E1



3 ft AAT

TOWER IS AT 0 elevation above sea level

EXHIBIT E2

WQXY FM Radio and Ch 49 are both on the same tower
as the one we are porposing.

Exhibit #1

APPLICATION FOR CONSTRUCTION PERMIT FOR
COMMERCIAL BROADCAST STATION
(carefully read instructions before filling form)
Return only form to FCC

For Commission Use Only
File No. BPCT-900430KG

Section I - GENERAL INFORMATION

1. Name of Applicant

Trudy M. Mitchell

FEE NO:	03014305
FEE TYPE:	MTJ
FEE AMT: \$	2,250. ⁰⁰
ID SEQ:	19

Street Address or P.O. Box

18100 Commission Rd

City

State

ZIP Code

Telephone No. (Include Area Code)

Longbeach

Mississippi 39560

(601) 863-8881

Send notices and communications to the following named person at the address below:

Name

Street Address or P.O. Box

Same as above

City

State

ZIP Code

Telephone No. (Include Area Code)

2. This application is for:

AM

FM

TV

(a) Channel No. or Frequency:

(b) Principal Community:

City

State

54+

Slidell

LA

(c) Check one of the following boxes:

Application for NEW station

MAJOR change in licensed facilities; call sign:

MINOR change in licensed facilities; call sign:

MAJOR modification of construction permit; call sign:

File No. of Construction Permit: _____

MINOR modification of construction permit; call sign:

File No. of Construction Permit: _____

AMENDMENT to pending application; Application file number:

RECEIVED
APR 30 1980
FCC
FEE SECTION

NOTE: It is not necessary to use this form to amend a previously filed application. Should you do so, however, please submit only Section I and those other portions of the form that contain the amended information.

3. Is this application mutually exclusive with a renewal application?

Yes No

If Yes, state:

Call letters: _____

Community of License:

City

State

EXHIBIT 1

Applicant was lead applicant for this channel but filed on outdated form 301.

Applicant paid (see inclosed and attached) \$2,250.00 with that application. Applicant is now paying the differance between what they have already paid \$2,250 and the new fee of \$2535 which is the amount of the attached check of \$285.

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FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

3/15/91
Date

MELLON BANK APPLICATION RETURN FORM

Pattie Pazerski
Data Preparation Center
Mellon Bank
153 - 2718
Pittsburgh, PA.

MITCHELL, TRUDY M.

The enclosed application is being returned for processing for the following reason(s).

- Application can be processed as filed.
- Foreign checks drawn on U.S. Banks are processable.
- Correct amount for this fee type code.
- Multiple filings are acceptable for this fee type code.
- Applications are not required for this fee type code.

Other: 358165

Please process in accordance with established procedures.

If you have any questions, please call Claudette Pride, Fee Section, on (202) 632-0241.

Sincerely,
Chief, Financial Management Division
Office of Managing Director