

KRCK-FM

FCC PUBLIC FILE

**THIS FILE SHALL BE AVAILABLE FOR PUBLIC INSPECTION
AT ANY TIME DURING REGULAR BUSINESS HOURS.**

"MATERIAL IN THIS FILE SHALL BE MADE AVAILABLE FOR MACHINE REPRODUCTION UPON REQUEST MADE IN PERSON. THE APPLICANT, PERMITTEE OR LICENSEE MAY SPECIFY THE LOCATION FOR REPRODUCTION, REQUIRE THE REQUESTING PARTY TO PAY THE REASONABLE COST THEREOF AND MAY REQUIRE GUARANTEE OF PAYMENT IN ADVANCE (e.g., BY REQUIRING A DEPOSIT, OBTAINING CREDIT CARD INFORMATION, OR ANY OTHER REASONABLE METHOD. REQUESTS FOR COPIES SHALL BE FULFILLED WITHIN A REASONABLE PERIOD OF TIME, WHICH GENERALLY SHOULD NOT EXCEED 7 DAYS". Title 47 U.S.C. sec. 73.3526(c).

REQUESTORS SHALL SPECIFY THEIR NAME(S), DELIVERY ADDRESS, PAGE(S) DESIRED TO BE COPIED, CREDIT CARD NUMBER AND DATE OF EXPIRATION. COSTS OF DUPLICATION, PROCESSING, TRANSPORTATION AND MAILING WILL BE CHARGED TO YOUR ACCOUNT BY KINKO'S COPY CENTER, PALM DESERT, CALIFORNIA.

KRCK-FM
Public File Contents

Operating License

KRCK-FM applied for its initial operating license on April 4, 2001, and has been assigned file number BLH20010329AAU. When such license is issued, it will be incorporated with this file. Related materials are produced herein, pending receipt of said operating license.

Applications and Related Materials

Current applications are produced herewith.

Citizen Agreements

Not applicable.

Contour Maps

Contour maps are produced herewith.

Material Relating to an FCC Investigation or a Complaint

Not applicable.

Ownership Reports and Related Material

Current ownership information is produced herewith.

List of Contracts Required to be Filed with the FCC

Not applicable.

Political File

Not applicable.

[Annual Employment Reports and Related Material]

Not applicable.

The Public and Broadcasting Manual

A copy of this manual is produced herewith.

Letters and E-Mail from the Public

KRCK-FM commenced full-time broadcasting on June 2, 2001. As these are received, they will be incorporated with this file.

Issues/Programs List

KRCK-FM commenced full-time broadcasting on June 2, 2001. These materials will be incorporated with this file, as they become due.

Children's Television Programming Reports

Not applicable.

Records Regarding Children's Programming Commercial Limits

Not applicable.

Radio Time Brokerage Agreements

Not applicable.

List of Donors

Not applicable.

Local Public Notice Announcements

Not applicable.

Must-Carry or Retransmission Consent Election

Not applicable.



United States of America
FEDERAL COMMUNICATIONS COMMISSION
FM BROADCAST STATION LICENSE

Official Mailing Address:

PLAYA DEL SOL BROADCASTERS
801 K STREET, 27TH FLOOR
SACRAMENTO CA 95814

Facility Id: 52808

Call Sign: KRCK-FM

License File Number: BLH-20020415AAG

This License Covers Permit No.: BPH-20010410AAA

Subject to the provisions of the Communications Act of 1934, subsequent acts and treaties, and all regulations heretofore or hereafter made by this Commission, and further subject to the conditions set forth in this license, the licensee is hereby authorized to use and operate the radio transmitting apparatus herein described.

This license is issued on the licensee's representation that the statements contained in licensee's application are true and that the undertakings therein contained so far as they are consistent herewith, will be carried out in good faith. The licensee shall, during the term of this license, render such broadcasting service as will serve the public interest, convenience, or necessity to the full extent of the privileges herein conferred.

This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequency designated in the license beyond the term hereof, nor in any other manner than authorized herein. Neither the license nor the right granted hereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934. This license is subject to the right of use or control by the Government of the United States conferred by Section 606 of the Communications Act of 1934.

Name of Licensee: PLAYA DEL SOL BROADCASTERS

Station Location: CA-MECCA

Frequency (MHz): 97.7

Channel: 249

Class: A

Hours of Operation: Unlimited

Authorizing Official:

Penelope A. Dade

Penelope A. Dade

Supervisory Analyst

Audio Division

Media Bureau

Grant Date: JUN 28 2002

This license expires 3:00 a.m.
local time, December 01, 2005.

Transmitter: Type Accepted. See Sections 73.1660, 73.1665 and 73.1670 of the Commission's Rules.

Transmitter output power: 1.40 kW

Antenna type: (directional or non-directional): Non-Directional

Description: JAM JMPC-2

Antenna Coordinates: North Latitude: 33 deg 39 min 18 sec

West Longitude: 115 deg 59 min 16 sec

	Horizontally Polarized Antenna	Vertically Polarized Antenna
Effective radiated power in the Horizontal Plane (kW):	1.25	1.25
Height of radiation center above ground (Meters):	40	40
Height of radiation center above mean sea level (Meters):	600	600
Height of radiation center above average terrain (Meters):	219	219

Antenna structure registration number: Not Required

Overall height of antenna structure above ground: 43 Meters

Obstruction marking and lighting specifications for antenna structure:

It is to be expressly understood that the issuance of these specifications is in no way to be considered as precluding additional or modified marking or lighting as may hereafter be required under the provisions of Section 303(q) of the Communications Act of 1934, as amended.

None Required

Special operating conditions or restrictions:

- 1 The permittee/licensee must reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic fields in excess of FCC guidelines.

*** END OF AUTHORIZATION ***

LICENSE RENEWAL AUTHORIZATION

THIS IS TO NOTIFY YOU THAT YOUR APPLICATION FOR RENEWAL OF LICENSE, BRH-20050729AMW, WAS GRANTED ON 01/12/2006 FOR A TERM EXPIRING ON 12/01/2013.

THIS IS YOUR LICENSE RENEWAL AUTHORIZATION FOR STATION KRCK-FM.

FACILITY ID: 52808

LOCATION: MECCA, CA

PLAYA DEL SOL BROADCASTERS
801 K STREET, 27TH FLOOR
SACRAMENTO, CA 95814

THIS CARD MUST BE POSTED WITH THE STATION'S LICENSE CERTIFICATE AND ANY SUBSEQUENT MODIFICATIONS.



radio-locator

formerly the MIT List of Radio Stations on the Internet

find US radio stations by location
 city/zip state

find by call letters

Planning a trip? What are you going to listen to when you get there? Take Radio-Locator with you!

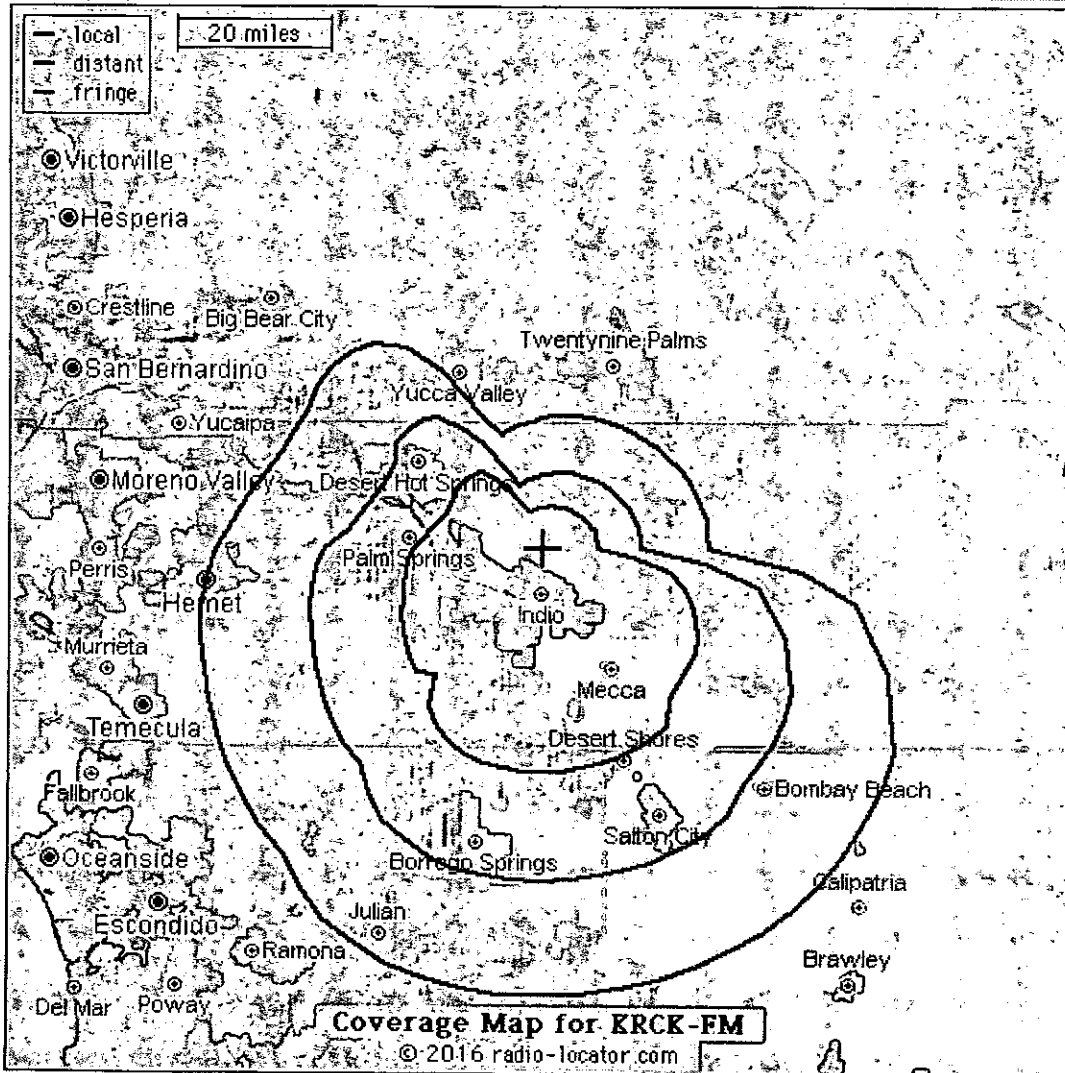


- Site Navigation**
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Predicted coverage pattern for KRCK 97.7 FM, Mecca, CA

KRCK-FM Radio Station Coverage Map

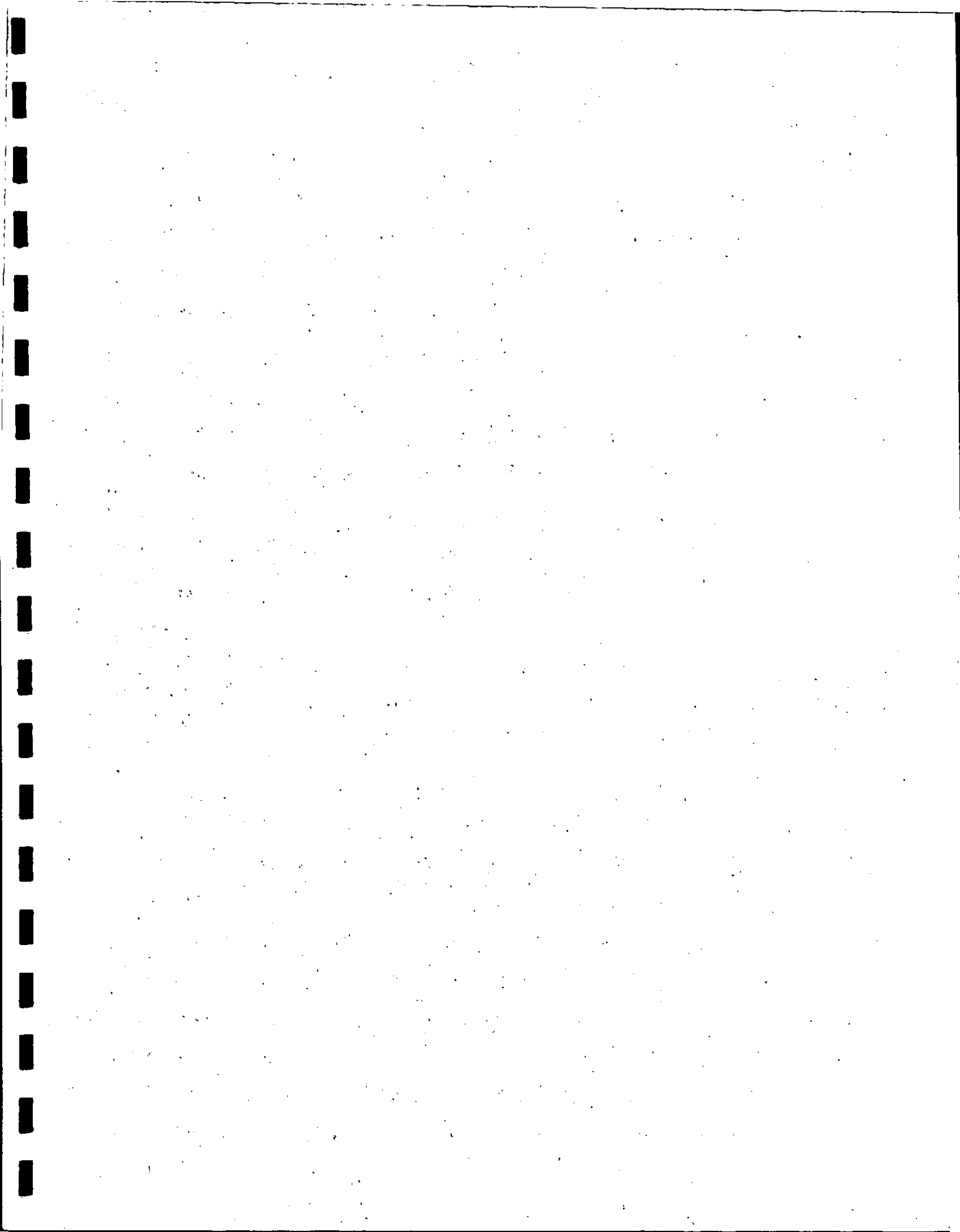
[Zoom In](#)



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Federal Communications Commission
Washington, D.C. 20554

Approved by OMB FOR FCC USE ONLY
3060-0010 (June 2002)

FCC 323

**OWNERSHIP REPORT FOR
COMMERCIAL BROADCAST STATIONS**

FOR COMMISSION USE ONLY
FILE NO.
- 20050729ALJ

Read INSTRUCTIONS Before Filling Out Form

Section I - General Information

PUBLIC INSPECTION FILE

1. Legal Name of the Applicant
PLAYA DEL SOL BROADCASTERS

Mailing Address
73-733 FRED WARING DRIVE
SUITE 201

City
PALM DESERT

State or Country (if ZIP Code
foreign address) 92260 -
CA

Telephone Number (include area code)
7603419797

E-Mail Address (if available)

FCC Registration Call Sign
Number: KRCK-FM
0004256426

Facility ID Number
52808

2. Contact Representative (if other than
Licensee/Permittee)
DENNIS F. BEGLEY

Firm or Company Name
REDDY BEGLEY & MCCORMICK, LLP

Telephone Number (include area code)
2026595700

E-Mail Address (if available)
DBEGLEY@RBMFCCLAW.COM

3. Name of entity, if other than licensee or permittee, for which report is filed

Mailing Address

City

State or Country (if ZIP Code
foreign address) -

Telephone Number (include area code)

E-Mail Address (if available)

4. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114):

Governmental Entity Fee-exempt Report Other

Section II - Ownership Information

- 5.
- a. Biennial
 - b. Transfer of Control or Assignment of License/Permit
 - c. Other
 - d. Amendment to pending application

for the following stations:

[Enter Station Information]

Station List

This Report is filed for the following stations:

Call Letters	Facility ID Number	Location (City/State)	Class of service
KRCK-FM	52808	MECCA CA	FM

All of the information furnished in this Report is accurate as of 7/10/2005 (Date must comply with 47 C.F.R. Section 73.3615(a), i.e., information must be current within 60 days of filing of this report, when 5(a) below is checked.)

This Report is filed for (check one)

6. Respondent is:
- Sole proprietorship
 - Not-for-profit corporation
 - Limited partnership
 - For-profit corporation
 - General partnership
 - Other

If "Other", describe nature of the respondent in an Exhibit. [Exhibit 1]

7. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

Contracts/Instruments Information

List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject shall respond.)

Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration
NONE			

8. Capitalization (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Capitalization Information]

Capitalization

Capitalization (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

Class of stock (preferred, common or other)	Voting or Non-voting	Authorized	Number of Shares	
			Issued and Outstanding	Treasury Unissued
DOES NOT APPLY				

9. (a.) List the respondent, and, if other than a natural person, its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. If a corporation or partnership holds an attributable interest in the respondent, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. Create a separate row for each individual or entity. Attach supplemental pages, if necessary.
[Enter Owner Information]

Owner Information

List the respondent, and, if other than a natural person, its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. If a corporation or partnership holds an attributable interest in the respondent, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. Create a separate row for each individual or entity. Attach supplemental pages, if necessary.

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

1. Name and address of respondent and each party to the respondent holding an attributable interest (if other than individual also show name, address and citizenship of natural person authorized to vote the stock or holding the attributable interest). List the respondent first, officers next, then directors and, thereafter, remaining stockholders and other entities with attributable interests, and partners.
2. Gender (male or female).
3. Ethnicity (check one).
4. Race (select one or more).
5. Citizenship.
6. Positional interest: Officer, director, general partner, limited partner, LLC member, investor/creditor attributable under the Commission's **equity/debt plus** standard, etc.
7. Percentage of votes.
8. Percentage of total assets (equity debt plus).

1. Name and Address	EDWARD R. STOLZ, II
2. Gender (male or female)	Male
3. Ethnicity (check one)	<input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
4. Race (select one or more)	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian

- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. Citizenship US
 6. Positional Interest SOLE PROPRIETOR
 7. Percentage of votes 100
 8. Percentage of total 100
 assets (equity debt plus)

(b) Respondent certifies that equity and financial interests not set forth in response to Question 9(a) are non-attributable. Yes No

N/A

See
 Explanation in
 [Exhibit 2]

(c) Is the respondent or any party holding an attributable interest in the respondent also the holder of an attributable interest in any other broadcast station or in any cable or newspaper entities in the same market or with overlapping signals in the same broadcast service, as described in 47 C.F.R. Sections 73.3555 and 76.501? Yes No

If "Yes", submit an Exhibit identifying the holder of that other attributable interest, listing the call signs, locations and facilities identifiers of such other broadcast stations, and describing the nature and size of the ownership interest and the positions held in the other broadcast, cable or newspaper entities. [Exhibit 3]

(d) Are any of the individuals listed in response to Question 9(a) related as parent-child, husband-wife, brothers and sisters? Yes No

If "Yes", submit an Exhibit setting forth full information as to the family relationship [Exhibit 4]

(e) Is respondent seeking an attribution exemption for any officer or director with duties unrelated to the licensee or permittee? Yes No

If "Yes", submit an Exhibit identifying that individual by name and title, fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest. [Exhibit 5]

SECTION III - CERTIFICATION

I certify that I am **SOLE PROPRIETOR**

(Official Title)

of **PLAYA DEL SOL BROADCASTERS**

(Exact legal title or name of respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of certification must be within 60 days of the date shown in Question 5, Section II and in no event prior to that date.)

Signature

EDWARD R. STOLZ, II

Date

7/26/2005

Telephone Number of Respondent (Include area code) 7603410123

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).

Exhibits

Federal Communications Commission
Washington, D.C. 20554

Approved by OMB
3060-0113 (March 2003)

FOR FCC USE ONLY

FCC 396

**BROADCAST EQUAL EMPLOYMENT
OPPORTUNITY PROGRAM REPORT**
(To be filed with broadcast license renewal application)

FOR COMMISSION USE ONLY
FILE NO.
- 20050729AKO

Read INSTRUCTIONS Before Filling Out Form

Section I

Legal Name of the Licensee
PLAYA DEL SOL BROADCASTERS

PUBLIC INSPECTION FILE

Mailing Address
73-733 FRED WARING DRIVE
SUITE 201

City
PALM DESERT

State or Country (if foreign address)
CA

Zip Code
92260-

Telephone Number (include
area code)
7603419797

E-Mail Address (if available)

Facility ID Number
52808

Call Sign
KRCK-FM

**TYPE OF
BROADCAST
STATION:**
(if applicable)

- Commercial Broadcast Station
- Radio
- TV
- Low Power TV
- International

- Noncommercial Broadcast Station
- Educational Radio
- Educational TV

Application Purpose

- New Program Report
- Amendment to Program Report

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through II should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

[Stations Locations]

Station List

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
KRCK-FM	52808	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	MECCA, CA	<input type="radio"/> Yes <input checked="" type="radio"/> No

CONTACT PERSON IF OTHER THAN LICENSEE

Name		Street Address	
DENNIS F. BEGLEY		1156 15TH STREET NW SUITE 610	
City	State	Zip Code	Telephone Number
WASHINGTON	DC	20005-1770	2026595700

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080.

Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

DISCRIMINATION COMPLAINTS. Have any pending or resolved Yes No
complaints been filed during this license term before any body having
competent jurisdiction under federal, state, territorial or local law, alleging
unlawful discrimination in the employment practices of the station(s)?

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

[Exhibit 1]

Does your station employment unit employ fewer than five full-time Yes No
employees?

Consider as "full-time" employees all those permanently working 30 or more hours a week.

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

CERTIFICATION. This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or

D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed

Name of Respondent

EDWARD R. STOLZ, II

Title

Telephone No. (include area code)

SOLE PROPRIETOR

7603410123

Date

7/26/2005

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements.

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

RESPONSIBILITY FOR IMPLEMENTATION

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name:

Title:

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

I. EEO PUBLIC FILE REPORT

Attach as an exhibit one copy of each of the EEO public file reports from the previous two years. Stations are required to place annually such

[Exhibit 2]

information as is required by 47 C.F.R. Section 73.2080 in their public files.

II. NARRATIVE STATEMENT

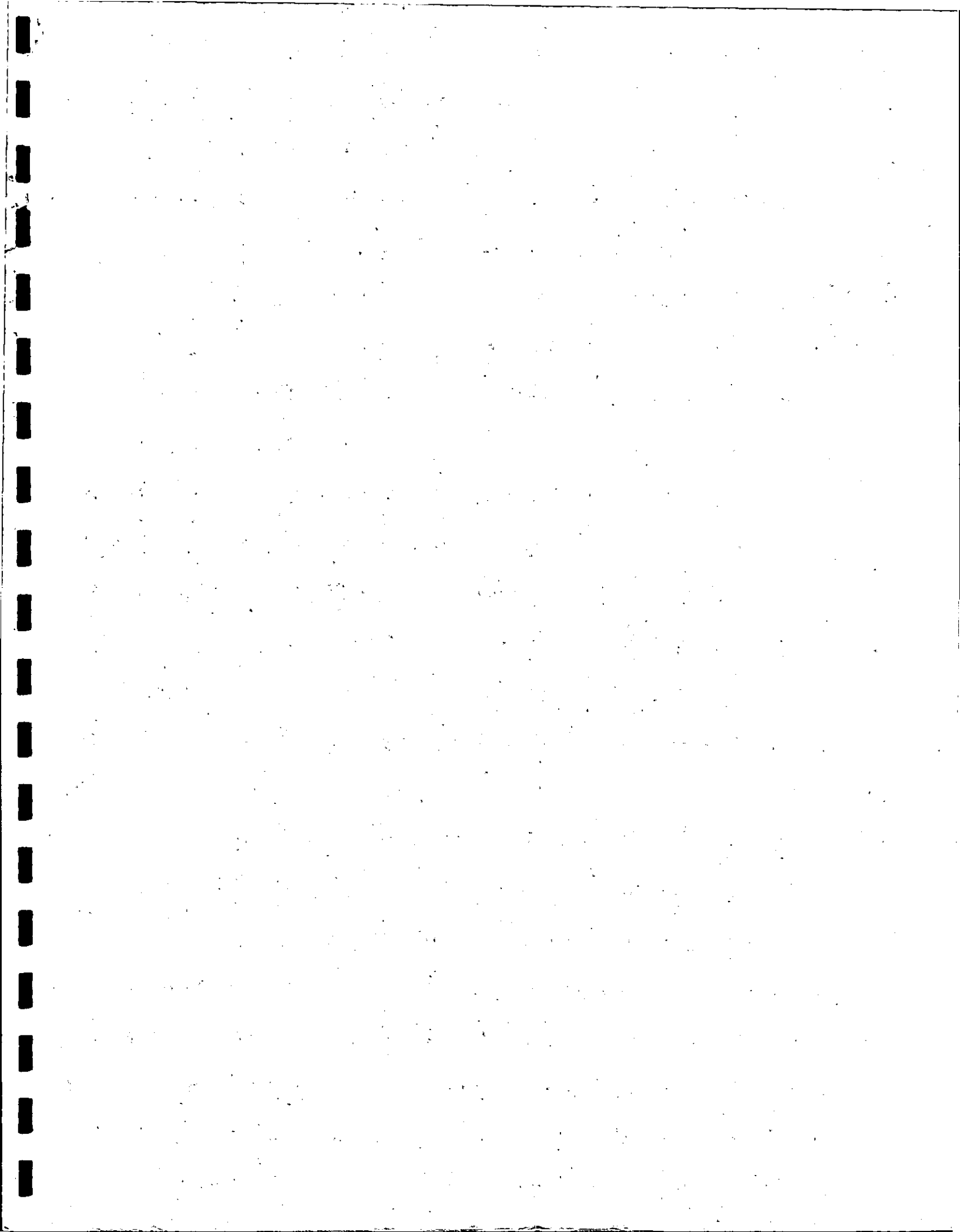
Provide a statement in an exhibit which demonstrates how the station achieved broad and inclusive outreach during the two-year period prior to filing this application. Stations that have experienced difficulties in their outreach efforts should explain. [Exhibit 3]

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

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. We have estimated that each response to this collection of information will average 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0113), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0113.

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 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

Exhibits



FCC 601 Main Form	FCC Application for Wireless Telecommunications Bureau Radio Service Authorization	Approved by OMB 3060 - 0798 See instructions for public burden estimate Submitted 11/05/2002 at 11:34AM File Number: 0001079986
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1) Radio Service Code: AS	1a) Existing Radio Service Code:
2) Application Purpose: New	
3a) If this request is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter <u>N</u> (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number:
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.	Call Sign:
6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	
7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929)	() <u>Y</u> es <u>N</u> o
8a) Does this filing request a Waiver of the Commission's Rules? If 'Yes', attach an exhibit providing the rule numbers and expanding circumstances.	(N) <u>Y</u> es <u>N</u> o
8b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.	
8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o
9) Are attachments being filed with this application?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

10) FCC Registration Number (FRN): 0004256426			
11) Licensee is a(n): Unincorporated Association			
12) First Name (if individual):	MI:	Last Name:	Suffix:
13) Entity Name (if other than individual): Playa Del Sol Broadcasters (Sole Proprietorship)			
14) Name of Real Party in Interest of Applicant (if different from applicant):			
15) Taxpayer Identification Number of Real Party in Interest:			
16) Attention To: Edward R. Stolz			
17) P.O. Box:	And/Or	18) Street Address: 801 K Street, 27th Floor	
19) City: Sacramento	20) State: CA	21) Zip Code: 95814	
22) Telephone Number: (916)448-5000		23) FAX Number: (916)448-1655	
24) E-Mail Address: N/A			

Contact Information (If different than applicant)

25) First Name: Roy		MI: P	Last Name: Stype	Suffix: III
26) Entity Name: Carl E. Smith Consulting Engineers				
27) P.O. Box: 807	And/Or	28) Street Address: 2324 N. Cleveland-Massillon Rd.		
29) City: Bath	30) State: OH	31) Zip Code: 44210-0807		
32) Telephone Number: (330)659-4440		33) FAX Number: (330)659-9234		
34) E-Mail Address: N/A				

Regulatory Status

35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):	<input type="checkbox"/> Common Carrier
	<input type="checkbox"/> Non-Common Carrier
	<input checked="" type="checkbox"/> Private, internal communications
	<input type="checkbox"/> Broadcast Services
	<input type="checkbox"/> Band Manager

Type of Radio Service

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):	<input checked="" type="checkbox"/> Fixed
	<input type="checkbox"/> Mobile
	<input type="checkbox"/> Radiolocation
	<input type="checkbox"/> Satellite (sound)
	<input type="checkbox"/> Broadcast Services
37) Interconnected Service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Fee Status

38) Is the Applicant exempt from FCC application fees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39) Is the Applicant exempt from FCC regulatory fees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Alien Ownership Questions (If any answer is Yes, attach exhibit explaining circumstances.)

40) Is the applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41) Is the applicant an alien or the representative of an alien?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42) Is the applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)

45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Aeronautical Advisory Station (Unicom) Certification

49) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

50) Race, Ethnicity, Gender of Applicant/Licensee (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

General Certification Statements

- 1) The applicant 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 of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.
*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b) for the definition of 'party to the application' as used in this certification.
- 5) The applicant certifies that it either (1) has current Form 602 on file with the Commission, (2) is filing an update Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.
- 6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. § 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. §§ 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

Signature

51) Typed or Printed Name of Party Authorized to Sign

First Name: Edward	MI: R	Last Name: Stolz	Suffix: II
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52) Title: Sole Proprietor

Signature: Edward R Stolz II

53) Date: 11/05/02

Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS 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, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503).

FCC Form 601 Schedule I	FEDERAL COMMUNICATIONS COMMISSION Technical Data Schedule for the Fixed Microwave and Microwave Broadcast Auxiliary Services (Parts 101 and 74)	Approved by OMB 3060 - 0798 See 601 Main Form Instructions for public burden estimate
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1) Action Requested: (A) Add Mod Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	5) Location Name: KRCK-FM Studio
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): 33-43-42.8	NAD83 (N) N or S	8) Longitude (DDD-MM-SS.S): 116-22-42.1	NAD83 (W) E or W
9) Street Address or Other Location Description: 73-733 Fred Waring Drive			
10) City: Palm Desert	11) State: CA	12) County: RIVERSIDE	
13) Elevation of Location AMSL (meters) (a' in Antenna Structure Sample Figures): 56.4	14) Overall Ht AGL Without Appurtenances (meters) (b' in Antenna Structure Sample Figures): 6.1	15) Overall Ht AGL With Appurtenances (meters) (c' in Antenna Structure Sample Figures): 10.7	
16) Support Structure Type: BTWR Building with TOWER/ANTENNA on top			16.b) Structure Other:
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only	NAD83 () N or S	19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only	NAD83 () E or W
20) Do you propose to operate in an area that requires frequency coordination with Canada?			() Yes No
21) Description: (Only for Area of Operation Code 'O')			
22) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(N) Yes No
23) If the proposed site is located in one of the quiet zones listed in Item 4 of the instructions, provide the date the proper authority was notified (mm/dd/yy):			

Location Data

1) Action Requested: (A) Add Mod Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	5) Location Name: KRCK-FM Transmitter
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 33-39-18.1	NAD83 (N) N or S	8) Longitude (DDD-MM-SS.S): 115-59-19.0	NAD83 (W) E or W
9) Street Address or Other Location Description:			
10) City:	11) State:	12) County:	
13) Elevation of Location AMSL (meters) (a' in Antenna Structure Sample Figures): 545.6	14) Overall Ht AGL Without Appurtenances (meters) (b' in Antenna Structure Sample Figures):	15) Overall Ht AGL With Appurtenances (meters) (c' in Antenna Structure Sample Figures):	
16) Support Structure Type:			16.b) Structure Other:
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only	NAD83 () N or S	19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only	NAD83 () E or W
20) Do you propose to operate in an area that requires frequency coordination with Canada?			() Yes No
21) Description: (Only for Area of Operation Code 'O')			
22) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			() Yes No
23) If the proposed site is located in one of the quiet zones listed in Item 4 of the instructions, provide the date the proper authority was notified (mm/dd/yy):			

Path Data

Transmit Location

1) Transmit Location Name: KRCK-FM Studio		2) Path Number: 1
3) Action Requested: (A) <u>A</u> dd New Path <u>M</u> odify Existing Path <u>D</u> elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or <input type="checkbox"/> Fixed Two-way <input type="checkbox"/> Multiple Two-way DEMS Master-Remote/Nodal-User Master-Remote/Nodal-User MAS Only <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Remote to Master <input type="checkbox"/> Master to Remote DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: Scala		6) Antenna Model Number: PR-950
7) Height to Center of Antenna AGL (meters): 9.9	8) Beamwidth (degrees): 12.0	9) Antenna Gain (dBi): 20.1
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: V - Vertical	15) Azimuth to RX Location or Passive Repeater (degrees): 102.7
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):
18) Does path include passive repeater? (N)Yes/No		
19) If the final receiver is located outside of the United States, enter the country in the space provided and attach exhibit explaining circumstances.		
20) Does this filing add or modify emanations in the 5925-6875 MHz band pointed within 2 degrees of the Geostationary Satellite Arc? *If 'Yes', attach waiver request explaining circumstances. (N)Yes/No		

Final Receiver

21) Receiver Location Name: KRCK-FM Transmitter		
22) Receiver antenna manufacturer: Scala		23) Receiver antenna model number: PR-450U
24) Receiver Call Sign:		
25) Height to Center of Rx Antenna AGL (meters): 24.4	26) Rx Antenna Beamwidth (degrees): 12.0	27) Rx Antenna Gain (dBi): 20.1
28) Diversity Rx Antenna Height AGL (meters):	29) Diversity Rx Antenna Beamwidth (degrees):	30) Diversity Rx Antenna Gain (dBi):
31) Rx Periscope Reflector Dimensions (meters): Height: Width:		32) Rx Periscope Reflector Separation (meters):

Frequency Data

Transmitter Location Information

1) Transmit Location Name: KRCK-FM Studio <u>A</u> dd <u>M</u> od <u>D</u> el	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHz)	5) Upper Frequency (MHz)	6) Tolerance (%)	7) EIRP (dbm)
A	00947.50000		0.00025	58.6
	11) Transmitter Manufacturer		12) Transmitter Model	13) Automatic Transmitter Power Control
	Moseley		PCL-606C	N

8) Emission Designator	9) Digital Modulation Rate	10) Digital Modulation Type
470KF8W		

Attachment List

Attachment Type	Date	Description	Contents
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There are no attachments for this application

Submitted: 02/08/2017 at 15:42:53
 File Number: 0007653767

FCC 601
 Main Form

**FCC Application for Radio Service Authorization:
 Wireless Telecommunications Bureau
 Public Safety and Homeland Security Bureau**

Approved by OMB
 3060 - 0798

See instructions for
 public burden estimate

1) Radio Service Code: AS	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (NE)	
NE - New	RO - Renewal Only
MD - Modification	RM - Renewal/Modification
AM - Amendment	CA - Cancellation of License
AU - Administrative Update	WD - Withdrawal of Application
NT - Required Notifications	EX - Requests for Extension of Time
DU - Duplicate License	RL - Registered Location/Link
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD
7) Is this application "major" as defined in §1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
8) Are attachments (other than associated schedules) being filed with this application?	(<input checked="" type="checkbox"/>) <u>Yes</u> <u>No</u>

Fees, Waivers, and Exemptions

9) Is the Applicant exempt from FCC application fees?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
10) Is the Applicant exempt from FCC regulatory fees?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
11a) Does this application include a request for a Waiver of the Commission's Rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>
11b) If 11a is 'Y', enter the number of rule sections involved.	Number of Rule Section(s):
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(<input type="checkbox"/>) <u>Yes</u> <u>No</u>

Applicant Information

13) FCC Registration Number (FRN): 0025774175			
14) Applicant/Licensee Legal Entity Type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Consortium <input type="checkbox"/> Other:			
15) If the Licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() Yes No
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): MAJOR MARKET RADIO LLC			
18) Attention To:			
19) P.O. Box:	And/Or	20) Street Address: POST OFFICE BOX 1300	
21) City: FAIR OAKS	22) State: CA	23) Zip Code: 95628	
24) Telephone Number: (702)546-5000	25) FAX:		
26) E-Mail Address:			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from Applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
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Contact Information (If different from the Applicant)

Check here if same as Applicant.

30) First Name: Richard	MI: P	Last Name: Grzebiak	Suffix:
31) Company Name: Munn-Reese			
32) Attention To:			
33) P.O. Box: 220	And/Or	34) Street Address:	
35) City: Coldwater	36) State: MI	37) Zip Code: 49036	
38) Telephone Number: (517)278-7339	39) FAX:		
40) E-Mail Address: rick@munn-reese.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply): <input type="checkbox"/> Common Carrier <input type="checkbox"/> Non-Common Carrier <input checked="" type="checkbox"/> Private, internal communications <input type="checkbox"/> Broadcast Services <input type="checkbox"/> Band Manager
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