



**PRINTOUT OF FORM 346**

File Number:	BDISTT - 20070423AAG	App Type:	Displacement	Call Sign:	K06EL
Applicant:	SWAN HILL TV DIST	Community:	FERNDALE, MT	Service:	TX Type: M
Status:	ACCEPTED FOR FILING	Status Date:	04/23/2007	Block Code:	Awaiting Mexican
Who Now:	Matthew_Urick	Target Date:	00/00/0000	Block Date:	5/15/2007
Elec Filed:	Y FRN: 0013080635	Window #:		Fee:	0, DISPLACEM
Red Light:	N	CP or License:	BLTTV-19820616IT	Displacement Type:	A

Stamped Date:	04/23/2007	Disposal Date:	00/00/0000	Expiration Date:	00/00/0000
Last PN Date:	04/25/2007	PN Report Number:	26472	MBO SOD Date:	00/00/0000
Assigned Date:	00/00/0000	Tech Employee:		Legal Employee:	
Tech Supervisor:	Matthew_Urick	Legal Supervisor:		Technical/Legal:	<input type="checkbox"/> Pleading: <input type="checkbox"/>
Conditional Grant:	<input type="checkbox"/> 91-140: <input type="checkbox"/>	Cutoff Date:	04/23/2007	Cutoff Type:	<input type="checkbox"/> Expedite: <input type="checkbox"/>
Grp ID:	MX Grp #: <input type="checkbox"/>	Amendment Rec'd:	00/00/0000	Non-Routine:	<input type="checkbox"/> Difficulty: <input type="checkbox"/>
Prop Grant List #:		Special Interest:	<input type="checkbox"/> Priority: <input type="checkbox"/>	Tolling Code:	<input type="checkbox"/> DOD: <input type="checkbox"/>
Settlement Rec'd:	00/00/0000	Settlement Type:	<input type="checkbox"/>	Analysis Status:	<input type="checkbox"/> MX Type: <input type="checkbox"/>
Reference No.:		Mult Owner Approved:	<input checked="" type="checkbox"/>		

Certification:	<input checked="" type="checkbox"/>	Character Issues:	<input checked="" type="checkbox"/>
Adverse Findings:	<input checked="" type="checkbox"/>	Alien Ownership and Control:	<input checked="" type="checkbox"/>
Program Service Certification:	<input checked="" type="checkbox"/>	Local Public Notice:	<input checked="" type="checkbox"/>
Rebroadcast Certification:	<input checked="" type="checkbox"/>	Auction Authorization:	<input checked="" type="checkbox"/>
Anti-Drug Abuse Act Certification:	<input checked="" type="checkbox"/>		

Directional Antenna Relative Field Values:	<input checked="" type="checkbox"/>
Exhibit for 11e.:	Rotation: <input type="checkbox"/>

0	0.932
10	0.992
15	1
20	0.995
30	0.947
40	0.737
50	0.552
60	0.432
70	0.416

**PRINTOUT OF FORM 346**

Channel:  Offset:  TX Input Channel:

Primary Station Call Sign:

City/State:  Channel:

Antenna Coordinates: Direction Deg Min Sec  
 Latitude:      
 Longitude:

ASRN:  Not Applicable:

Filed with FAA:

ALSEAMSL:  m OTHAGL:  m  
 HRCAGL:  m HRCAMSL:  m

Effective ERP:  kW  
 Max ERP in any angle:  kW

Ant Type:  Rotation:   
 Manuf:  Model:

Directional Antenna Relative Field Values:		<input type="text" value="Y"/>
Exhibit for 11e.:		Rotation: <input type="text" value="0"/>
80	0.423	
90	0.418	
100	0.523	
110	0.691	
120	0.924	
130	0.989	
140	0.997	
150	0.947	
160	0.857	
170	0.723	
180	0.602	
190	0.458	
200	0.282	
210	0.082	
220	0.051	
230	0.057	
240	0.027	
250	0.084	
260	0.096	
270	0.007	
280	0.058	
290	0.051	
300	0.056	
310	0.239	
320	0.427	
330	0.575	
340	0.703	
350	0.83	

Interference:

Environmental Protection Act: