

REFERENCE COPY

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**Federal Communications Commission
Wireless Telecommunications Bureau**

RADIO STATION AUTHORIZATION

LICENSEE: FLOYD HEALTHCARE MANAGEMENT INC
DBA FLOYD MEDICAL CENTER

ATTN: KENNA BAKER
FLOYD HEALTHCARE MANAGEMENT INC DBA FLOYD
MEDICAL CENTER
PO BOX 233
ROME, GA 30162-0233

Call Sign WNSK561	File Number 0004880951
Radio Service GJ - Business/Industrial/Land Trans, 809-824/854-869 MHz, Conv.	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 0001836170

Grant Date 05-20-2005	Effective Date 09-21-2011	Expiration Date 08-17-2015	Print Date 09-21-2011
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

- Loc. 1 Address:** TURNER MC CALL BLVD
City: ROME **County:** FLOYD **State:** GA
Lat (NAD83): 34-15-35.3 N **Long (NAD83):** 085-10-45.8 W **ASR No.:** N/A **Ground Elev:** 177.0
- Loc. 2 Area of operation**
Land Mobile Control Station meeting the 6.1 Meter Rule: GA
- Loc. 3 Area of operation**
Operating within a 113.0 km radius around fixed location 1

Antennas

Loc No.	Ant No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
1	1	000855.28750000	FB2	1		20K0F3E 7K60FXE	100.000	350.000	24.0	37.0	08-30-2007
2	1	000810.28750000	FX1	1		20K0F3E 7K60FXE	15.000	34.000			

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Licensee Name: FLOYD HEALTHCARE MANAGEMENT INC

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3	1	000810.28750000	MO	80		20K0F3E 7K60FXE	35.000	50.000			08-30-2007

Control Points

Control Pt. No. 1

Address: TURNER MC CALL BLVD

City: ROME **County:** FLOYD **State:** GA **Telephone Number:** (706)509-5000

Associated Call Signs

Waivers/Conditions:

NONE