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**Federal Communications Commission  
Wireless Telecommunications Bureau**

**RADIO STATION AUTHORIZATION**

LICENSEE: CONDELL MEMORIAL HOSPITAL

CONDELL MEMORIAL HOSPITAL  
900 GARFIELD AVE  
LIBERTYVILLE, IL 60048

<b>Call Sign</b> WPXT635	<b>File Number</b>
<b>Radio Service</b> IG - Industrial/Business Pool, Conventional	
<b>Regulatory Status</b> PMRS	
<b>Frequency Coordination Number</b>	

FCC Registration Number (FRN): 0008024614

<b>Grant Date</b> 06-09-2003	<b>Effective Date</b> 06-09-2003	<b>Expiration Date</b> 06-09-2013	<b>Print Date</b>
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**STATION TECHNICAL SPECIFICATIONS**

**Fixed Location Address or Mobile Area of Operation**

**Loc. 1 Address:** 900 GARFIELD AVE  
**City:** LIBERTYVILLE **County:** LAKE **State:** IL  
**Lat (NAD83):** 42-16-33.1 N **Long (NAD83):** 087-57-19.3 W **ASR No.:** **Ground Elev:** 219.0

**Loc. 2 Area of operation**  
Operating within a 32.0 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	000464.52500000	FB2	1		20K0F3E	100.000	40.000	24.0	24.0	06-09-2004
2	1	000464.52500000	MO	2		20K0F3E	50.000	50.000			06-09-2004
2	1	000464.52500000	MO	40		20K0F3E	4.000	4.000			06-09-2004
2	1	000469.52500000	MO	2		20K0F3E	50.000	50.000			06-09-2004

**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:** CONDELL MEMORIAL HOSPITAL

**Call Sign:** WPXT635

**File Number:**

**Print Date:**

**Antennas**

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**Control Points**

**Control Pt. No. 1**

**Address:** 900 GARFIELD AVE

**City:** LIBERTYVILLE **County:** LAKE **State:** IL **Telephone Number:** (847)362-2900

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**Associated Call Signs**

<NA>

**Waivers/Conditions:**

NONE