

REFERENCE COPY

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Federal Communications Commission **Wireless Telecommunications Bureau**

RADIO STATION AUTHORIZATION

LICENSEE: FREEPORT MEMORIAL HOSPITAL

ATTN: KIM VITTORIO
 FREEPORT MEMORIAL HOSPITAL
 1045 W STEPHENSON RD
 FREEPORT, IL 61032

Call Sign WPCH850	File Number
Radio Service IG - Industrial/Business Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 0002860641

Grant Date 05-14-2003	Effective Date 05-14-2003	Expiration Date 06-03-2013	Print Date
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1 Area of operation

Operating within a 3.0 km radius around 42-17-42.1 N, 089-38-18.4 W,
 STEPHENSON county, IL

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	000461.26250000	MO	6		20K0F3E	2.000				
1	1	000463.48750000	MO	6		20K0F3E	2.000				
1	1	000463.66250000	MO	6		20K0F3E	2.000				
1	1	000464.28750000	MO	6		20K0F3E	2.000				

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: FREEPORT MEMORIAL HOSPITAL

Call Sign: WPOCH850

File Number:

Print Date:

Control Points

Control Pt. No. 1

Address: 1045 W STEPHENSON RD

City: FREEPORT **County:** **State:** IL **Telephone Number:** (815)235-4131

Associated Call Signs

<NA>

Waivers/Conditions:

NONE