| • ··· | | | | 7/1 | //95 | |
|--|--|---|--|---|-------------------------------|--|
| FCC 405 FEDERAL COMMUNICATION Washington, D.C. | 20554 30 | oved by OMB 060-0093 es 03/31/97 | FCC USE ONLY | , | | |
| Est. Avg. I | Burden Hours Per Respor | nse: 2.25 Hrs. | | | | |
| APPLICATION FOR RENEWAL O | | NSE | | | | |
| IN SPECIFIED SERVICES (Specified Services - FCC Rules Parts 5, 21, 22, 23 and 25) | | 25) | 特別アギX-R-95 とわらいナテ | | | |
| Read Instructions and Notice on Back Before Completing | | | Service | Class | of Station | |
| 1. Name of Applicant (must be identical with that shown on current authorization) AT&T Corp. | | | Call Sign or Other FCC Identifier (if applicable) KB2XTG | | | |
| 2. Mailing Street Address or P.O. Box, City, State and ZIP Code of Applicant 2 Oak Way, Room 3SF49, Berkeley Heights, NJ 07922 ATTENTION: JANE ZAKUTANSKY | | | Identify Rulepart under which this filing is made Part 5 | | | |
| 4. Fee Data. Refer to 47 CFR Section 1.1 | 105 or to appropriate Fe | e Filing Guide | for information. | FCC Use | Only | |
| (a) Fee Type Code (b) Fee Multiple, EAE 1 | , if required (c) Fee | Due for Fee 5.00 | Type Code in 4(a | » 4- |). (Q | |
| 5. Application is for renewal of license in | exact conformity with the | | | 1 | | |
| (a) File Number | (b) Date Issued | (c) Call Sig | n (d) (| _ocation | | |
| 3017-EX-R-93 | 12/01/93 | KB2XTG | Continental United States | | | |
| (e) Nature of Service | (f) Class of Station | | (g) (|) Expiration Date | | |
| EXPERIMENTAL | XD MO | | 1 | 12/01/95 | | |
| 6. Note any changes such as discontinuance | of use of a frequency, | or of a type | of emission or o | of a transmitte | er which have been | |
| Items 7(a) and (b) apply to Part 21 licensee 7(a) Has there been removal of equipment of If "YES," when: | | so as to rend | er the station not | operational? | YES NO | |
| (b) If this is a Multipoint Distribution Serving affiliation with, or leasing arrangement B. Applicant represents that there has been changes in the applicant's relation to the standard this information, as identified be therein contained is hereby reaffirmed. Note File No. | with a cable television c no change in applicant's ation, or financial respons low, is to be considered | ompany? organization as ibility; that app as a part of | nd that there has plicant's most rec this application, a | been no tran ent application nd the truth (| n or report of the statements | |
| 9. Would a Commission grant of this applic significant environmental impact? If "YES," attach as Exhibit No. | | | | | YES X NO | |
| If "NO," explain briefly why not. | an Livi Officerital | AGGGGHGH I | | | | |
| | 10. Certific | ation | | | | |
| The applicant certifies that, in the case of a to section 5301 of the Anti-Drug Abuse A poration, partnership or other unincorporated pursuant to that section. For the definition of | Act of 1988, 21 U.S.C. & association), no party to | 353a, or, in the the state of the application | he case of a non on is subject to : | individual appl a denial of fe | licant (e.g., cor- | |
| a. Applicant waives any claim to the use of power of the United States because of the license in accordance with this application. A b. The undersigned, individually and for the a plete and correct to the best of the signer's | previous use of the sam Applicant acknowledges to applicant, hereby certifies | ne, whether by hat all attached that the state | / license or other d exhibits are a n ements made in th | wise, and red naterial part h | quests a station ereof. | |
| 10/5/05 | int (must correspond with | item 1) | | of Applicant | • | |
| Signature AT&T Cor | p. Designate Appropriate C | lassification | Tech | . Admin. | <u>Specialist</u> | |
| face M. Maketarka | INDIV. MEM. OF PART. | OFFICER APPLICA | 8 MEM. OF THE ANT'S ASSOC. | AUTH, REP OF CORP. | GOVT. ENTITY | |
| Willful false statements/made on this form and/or revocation of any station license fulls Code Title 47 Section 503) | | | | | | |