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FCC- 405 FEDERAL COMMUNICATION Washington, D.C.	20554 306	ed by OMB 00-0093 03/31/97	FCC USE ONLY		
Est. Avg. Burden Hours Per Response: 2.25 Hrs.		e: 2.25 Hrs.			
APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES			File Number	Call Sign.	
(Specified Services - FCC Rules Parts 5, 21, 22, 23 and 25) Read Instructions and Notice on Back Before Completing		5)	4472-E Service	Class of Station	
1. Name of Applicant (must be identical with that shown on current authorization) Claircom Licensee Corporation			Call Sign or Other FCC Identifier (if applicable) KF2XJD		
2. Mailing Street Address or P.O. Box, City, State and ZIP Code of Applicant 700 Fifth Avenue, Suite 2100 Seattle, WA 98104			3. Identify Rulepart under which this filing is made 5.55(d)		
4. Fee Data. Refer to 47 CFR Section 1.1  (a) Fee Type Code (b) Fee Multiple, EAE		ue for Fee T	for information. Type Code in 4(a	FCC Use Only	
5. Application is for renewal of license in				·····	
(a) File Number 4422-EX-PL-94	(b) Date Issued (c) Call Sign October 18, 1994 KF2XJD			(d) Location	
(e) Nature of Service (f) Class of Station			Seattle, WA  (g) Expiration Date		
Experimental	XD FX		} -	October 1, 1996	
6. Note any changes such as discontinuance of use of a frequency, or of a type o					
made since the last application covering this					
7() () ()	s only. N/A	····		· · · · · · · · · · · · · · · · · · ·	
tems 7(a) and (b) apply to Part 21 licensee 7(a) Has there been removal of equipment of "YES," when:	<del></del>	o as to rende	r the station no	t operational?	
(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 statembodying this information, as identified be therein contained is hereby reaffirmed. Note the No. 22739-CG-AL-94  See Exhibit No. 1.	with a cable television con no change in applicant's oution, or financial responsible low, in to be considered a	mpany? rganization and vility; that appl as a part of t	d that there has licant's most rec his application, a	been no transfer of control or ent application or report and the truth of the statements	
9. Would a Commission grant of this applic significant environmental impact?  If "YES," attach as Exhibit No. N/	A an Environmental A			☐ YES K NO	
If "NO," explain briefly why not.					
	10. Certifica			. Call and the state of the sta	
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. 89 I association), no party to of a "party" for these purp	53a, or, in the the application ooses, see 47	e case of a nor n is subject to 7 CFR 1.2002(b)	nindividual applicant (e.g., cor- a denial of federal benefits ). XYES NO	
<ul> <li>a. Applicant waives any claim to the use of power of the United States because of the license in accordance with this application.</li> <li>b. The undersigned, individually and for the plete and correct to the best of the signer.</li> </ul>	previous use of the same Applicant acknowledges tha applicant, hereby certifies s knowledge and belief, at	, whether by at all attached that the stater nd are made i	license or other exhibits are a r ments made in ti	rwise, and requests a station material part hereof.	
	int (must correspond with icensee Corporat		Title	of Applicant (if any)	
Signature athleen A. Massey	Designate Appropriate Cla INDIV. MEM. OF APPL. PART.	OFFICER APPLICAN	& MEM. OF THE NT'S ASSOC.	AUTH. REPR. OFFICIAL OF OF CORP. GOVT. ENTITY	
Wiliful false statements made on this for and/or revocation of any station license (U.S. Code, This 47, Section 503)	m are punishable by fine or construction permit	and/or impr (U.S. Code,	risonment (U.S. Title 47, Section	Code, Title 18, Section 1001), on 312(a)(1)), and/or forfeiture	