	COMMUNICATION:	S COMMISSION Approved by OMB 20554 3060-0093 Expires 03/31/97			FCC USE ONLY				
Est. Avg. Burden Hours Per Response: 2.25 Hrs.									
APPLICATION F	OR RENEWAL OF		ON LICENS	E	File Numbe	<u> </u>		Call Sign/	
(Specified Service	arts 5, 21, 22, 23 and 25)			0092-EX-RR-19		999	IKM2XLE		
Read Instruction	Back Before Completing			Service Class of Station		of Station			
1. Name of Applicant (mus	st be identical wit	h that shown o	n current a	authorization)		_		r FCC Identifier	
Ericsson GE Mobi	le Communicat	lons, Inc.			(if applicable) KM2XLE				
PO Box 10914	State and ZIP Code of Applicant				3. Identify Rulepart under which this filing is made				
Rockville, MD 200		OF as to appropriate Fee Filling Guide for i			for informa	Part 5			
4. Fee Data. Refer to 47 (a) Fee Type Code	O5 or to appropriate Fee Filing Guide for if required (c) Fee Due for Fee Ty					-CC 088	Only		
EAE	1		\$ 45					·	
5. Application is for renev	wal of license in	exact conformi (b) Date Issued		(c) Call Sig		d) Loca			
(a) File Number		(b) Date issued				nchburg, VA			
1777-EX-R-97		3/1/97 KM2XLE			37-20-56N 79-10-05W				
(e) Nature of Service		(f) Class of Station			(g) Expiration Date				
Experimental		XR FX			3/1/99				
7(a) Has there been remove of "YES," when: (b) If this is a Multipoint affiliation with, or less. Applicant represents the changes in the applicant's embodying this information therein contained is hereby the No. 1777-EX-R-9	Distribution Serving arrangement at there has been relation to the standard reaffirmed. Note	ce (MDS) statio with a cable te no change in a tion, or financia low, is to be co here any furth Date	on, is there elevision complicant's call responsil considered her exception 3/1/97	an ownersh impany? organization bility; that ap as a part of ons, not alre	ip interest in and that there oplicant's mos this applicate eady covered	n, control e has bee st recent ion, and in quest	by, en no trar applicatio the truth ion 6 or	YES P	
 Would a Commission of significant environmental of "YES," attach as of "NO," explain bri 	ıl impact? Exhibit No							YES X	
		1	0. Certifica	ition	,				
The applicant certifies that to section 5301 of the Apportation, partnership or of pursuant to that section. Find a. Applicant waives any clipower of the United State license in accordance with b. The undersigned, individe	Anti-Drug Abuse A her unincorporated for the definition aim to the use of his because of the in this application.	Act of 1988, 2 d association), r of a "party" for any particular previous use (Applicant ackno applicant, hereb	21 U.S.C. 8 no party to r these pur frequency of the sam owledges th by certifies	the applications or, in the applications of the ele, whether late all attachthat the state of th	tion is subject 47 CFR 1.20 dectromagnetic by license or ed exhibits a etements mad	a nonlindict to a di 202(b). c spectrum c otherwise ine a mate e in this	enial of f m as aga se, and re erial part	ederal benefits XYES inst the regulator acquests a station hereof.	
plete and correct to the t	Name of Applic				e iii good Ta	Title of	f Applican	it (if any)	
Date 1/12/99	Ericsson GE				с.		No. in constant		
Signature		Designate Appropriate Classification							
Wilful false statements made on this for		MDIV. APPL.	MEM. OF PART.	APPLI	ER & MEM. OF CANT'S ASSOC	(U.S. Co	AUTH. RE OF CORP.	GOVT. ENT	
and/or revocation of an (U.S. Code, Title 47, Sec	y station l i cense	or construct	on permit	(U.S. Code	Title 47,	Section	3 12(a)(1))	, and/or forfeit	