FCC 405A

Approved by OMB 3080-0707 Expires 12/31/96 See instructions for public burden estimate

UNITED STATES OF AMERICA FEDERAL COMMUNICATIONS COMMISSION

FOR 4669-EX-R-97
USE ONLY

PRIVATE RADIO APPLICATION FOR RENEWAL, REINSTATEMENT AND/OR NOTIFICATION OF CHANGE TO LICENSE INFORMATION

of divide to literate in our roll			
1. APPLICANT NAME Exxon Communications Company			
2. MAILING ADDRESS (Line 1) P.O. Box 4276			
MAILING ADDRESS (Line 2) Room 1619 Fannin Bldg			
3. CITY Houston			
4. STATE TX	5. ZIP CODE 77210-4276	6. CALL SIGN OR OTHER FCC IDENTIFIER	K G 2 X J O
7. PAYMENT TYPE CODE	8. QUANTITY	9. FEE DUE	FOR FCC USE ONLY
EAE	1	\$ 45.00	
10. PURPOSE X RENEW LICENSE (FEE MAY BE REQUIRED) NOTIFICATION OF MAILING ADDRESS CHANGE (NO FEE REQUIRED) NOTIFICATION OF STATION CLOSURE, CANCEL LICENSE LISTED IN ITEM 6 (NO FEE REQUIRED) NOTIFICATION OF NAME CHANGE WITHOUT CHANGE IN OWNERSHIP, CORPORATE STRUCTURE OR ENTITY (NO FEE REQUIRED) LAND MOBILE NOTIFICATION OF CONDITIONAL CANCELLATION FOR CONVERSION TO PRIVATE CARRIER, (NO FEE REQUIRED) CANCEL THE FOLLOWING LICENSES:			
(FEE MAY BE REQUIRED) 11 PADIO SERVICE 12 LOCATION OF TRANSMITTER'S) (GIVE DESCRIPTION OF LOCATION SUCH AS STREET			
13. FILE NUMBER 4669-EX-MR-95	CITY, STATE, COOF	Temporary locations within the Continental United States	
MO	'		
CERTIFICATION 1. Applicant weives all claims for the use of any specific frequency regardless of prior use by license or otherwise. 2. Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons. 3. Neither applicant nor any member thereof is a foreign government or representative thereof. 4. Applicant certifies that all statements made in this application and attachments are true, complete, correct and made in good faith. 5. The individual signing this application certifies that he or she is a person with the proper authority to sign on behalf of the applicant, as stated in C.F.R., Title 47, Section 1.913. 6. Does the undersigned certify (by responding YES to this question), that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862, because of a conviction for possession or distribution of a controlled substance? (See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.) Failure to check "YES" may result in dismissal of your application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).			
SIGNATURE David & Neuman DATE February 19, 1997			
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			