Faderal Communications Commission Washington, D.C. 20554

## APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES

Approved by OM8 3060-0093 Expires 10-31-84

Specified Services

	C Rules Part 5,	Part 21, Part 22, Par	rt 23, Part 25)		
Instructions:			For Official Use Only		
<ol> <li>Submit TWO COPIES direct to the Federal Communications Commission, Washington, D. C. 20554. (Only one copy is required for application under Part 5 of FCC Rules.)</li> <li>Name of applicant must be identical with that shown on current license.</li> <li>See Notice on reverse side of form.</li> </ol>		ns File No. ○   ○	Call Y-EX-R 43 Sign: K	FZXDV	
		Service:	Class:		
		ļ			
1. Name of Applicant (See Instruction 2.)			2. Mailing Address of Applicant (Number and Street, City, State and ZIP Code)		
Martin Marietta Corporation		Attn:	Attn: John S. Hickey		
			P.O. Box 4906 Baltimore, MD 21220		
3. Application is for renewal of license in exac	t conformity w	rith the existing licen	ise as specified below:		
a. File Number 0104-EX-R-91 b	. Date Issued	06-01-93	c. Call Sign	'DV	
d. Location		e. Nature of	e. Nature of Service		
Temporary Fixed: Continental U.S.			Experimental		
f. Class of Edgion XD MO		g. Expiratio	g. Expiration Date		
4. Note any changes such as discontinuance of			06-01-93		
Applicant represents that there has been no in the applicant's relation to the station, find most recent application or report embodyin date $01-19-87$ ) is to be	ancial responsil g this informat e considered as	bility, or in the equip ion (file0104= a part of this applic	pment authorized to be used by the EX-MR-87 ation, and the truth of the statemen	station; that applicant's	
6. Applicant waives any claim to the use of any because of the previous use of the same, whition. Applicant acknowledges that all attack	y particular free	quency or of the eth	er as against the regulatory power of equests a station license in accordan	of the United States	
Willful false statements n		Title 18, Section	ble by fine and/or imprisonme 1001.	nt.	
I certify that the statements in this application are		Certification and correct to the best of	of my knowledge and belief, and are mad	e in good faith.	
7. Name of Applicant (Must correspond with it	tem 1.)	8. Title of A	Applicant (if any)		
Martin Marietta Corporation	•	Manage	r, Voice Networks		
9. Signature	1	0. Designate Appro	priate Classification	11. Date	
IS Assku		Applicant P	Authorized Representa- artnership. X tive of Corporation o a Member Official of Association Government Entity	03-15-93	