FAX:

		AUG 2 9 2000		
pres 1/31/00 r Insurations for alic burden estimate FOR RENI	UNITED STATES OF DERAL COMMUNICATIO IVATE RADIO AP EWAL, REINSTAT ANGE TO LICENS	PPLICATION		
APPLICANT NAME	eo R. Fitzsimon			
MAILING ADDRESS (Lin	101 Connecticut	Ave. NW, Suite	910	
CITY	ashington		4. STATE 5. ZIP CODE DC 20036	
INTERNET ADDRESS	eo.fitzsimon@nok	ia.com		
CALL SIGN OR OTHER	A2XFN	<u> </u>		
PAYMENT TYPE CODE		10. FEE DUE	FOR FCC USE ONLY	
ÊAÊ	1	\$ 45.00		
	IFICATION OF CHANGE IN TH ES/PAGERS (SEE INSTRUCTIO URED)			
2. RADIO SERVICE	13. LOCATION OF 1	RANSMITTER(S), (GIVE DESC	CRIPTION OF LOCATION SUCH AS STREET.	
Sofis NEX-ML-98		Nokia House 6000 Connection Drive		
5. CLASS OF STATION	(5) Irving,			
 Applicant will have unlint Neither applicant nor any Applicant certifies that a The individual signing th stated in C.F.R., Title 47, 8. Neither the popularities to Section 5301 of the controlled substance. 	ns for the use of any specific fr tred access to the radio equipment member thereof is a foreign po- ul statements made in this applica- s application certifies that he or Section 1.913. any other party to the application Anti-Drug Abuse Act of 1988, U	it and will control access to exi- vernment or representative there tion and attachments are true, c she is a person with the prope n is subject to a denial of Fede S.C. Section 862, because of a	clude unauthorized persons. of. complete, correct and made in good faith er outhority to sign an behalf of the applicant, as eral benefits that includes FCC benefits persuant conviction for possession or distribution of a	
18, SECTION 1001), A SECTION 312(A)(1)), AN	MENTS MADE ON THIS FOR ND/OR REVOCATION OF AN 10/OR FORFEITURE N.S. COD	IY STATION LICENSE OR C		
SIGNATURE	NUT K. tom		DATE 9-3-00	
			ICATION AND FORFEITURE OF ANY FEES PAID.	