

FCC FORM 442

FOR
FCC
USE
ONLY

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5
OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

SECTION I

APPLICANT NAME (Last, first, middle initial)

Orion Broadcasting Systems, Inc.

MAILING ADDRESS (Line 1) (Maximum 85 characters - refer to Instruction (2) on reverse of form)

c/o Roberts & Eckard, P.C.

MAILING ADDRESS (Line 2) (if required) (Maximum 85 characters)

1150 Connecticut Avenue, N.W., Suite 1100

CITY

Washington

STATE OR COUNTRY (if foreign address)

D.C.

ZIP CODE

20036

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

KI2XIE

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) E A E		\$ 45.00	

SECTION II — To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(2) [] [] []	[] [] [] []	\$ [] [] [] []	
(3) [] [] []	[] [] [] []	\$ [] [] [] []	
(4) [] [] []	[] [] [] []	\$ [] [] [] []	
(5) [] [] []	[] [] [] []	\$ [] [] [] []	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE. →

TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING
\$ 45.00

FOR FCC USE ONLY
95.00