

APPLICATION FOR RENEWAL OF RADIO STATION  
LICENSE IN SPECIFIED SERVICES

Specified Services  
(FCC Rules Part 5, Part 21, Part 22, Part 23, Part 25)

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            |            |
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| <b>Instructions:</b><br>1. 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.)<br>2. Name of applicant must be identical with that shown on current license.<br>3. See Notice on reverse side of form. | <b>For Official Use Only</b>                                                                                                               |            |
|                                                                                                                                                                                                                                                                                                                       | File No.                                                                                                                                   | Call Sign: |
|                                                                                                                                                                                                                                                                                                                       | Service:                                                                                                                                   | Class:     |
| 1. Name of Applicant (See Instruction 2.)<br><br>STATE OF CALIFORNIA                                                                                                                                                                                                                                                  | 2. Mailing Address of Applicant (Number and Street, City, State and ZIP Code)<br><br>601 SEQUOIA PACIFIC BLVD<br>SACRAMENTO, CA 95814-0282 |            |

Application is for renewal of license in exact conformity with the existing license as specified below:

|                                              |                                       |                        |
|----------------------------------------------|---------------------------------------|------------------------|
| a. File Number<br>0812-EX-R-89               | b. Date Issued<br>JANUARY 1, 1990     | c. Call Sign<br>KE2XJB |
| d. Location<br>MOUNTAIN RANCH (CALAVERAS) CA | e. Nature of Service<br>EXPERIMENTAL  |                        |
| f. Class of Station<br>XR FX                 | g. Expiration Date<br>JANUARY 1, 1992 |                        |

4. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter, correction of serial number of a transmitter; or any minor change in a transmitter not requiring a construction permit, which have been made since the last application covering this station was filed:

NONE

FOR INQUIRIES CONTACT GLEN S. NASH (916) 657-9454

Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, financial responsibility, or in the equipment authorized to be used by the station; that applicant's most recent application or report embodying this information (file date 20 NOV 1989) is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 4.

6. Applicant waives any claim to the use of any particular frequency or of the ether as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof.

**Willful false statements made on this form are punishable by fine and/or imprisonment.  
U.S. Code, Title 18, Section 1001.**

**Certification**

I certify that the statements in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                 |                                                                   |                                                                                      |                                                                   |  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| 7. Name of Applicant (Must correspond with item 1.)<br><br>STATE OF CALIFORNIA                         | 8. Title of Applicant (if any)<br><br>SENIOR TELECOMMUNICATIONS ENGINEER                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                 |                                                                   |                                                                                      |                                                                   |  |
| 9. Signature<br><br> | 10. Designate Appropriate Classification<br><table border="0"><tr><td><input type="checkbox"/> Individual Applicant</td><td><input type="checkbox"/> Member of Partnership.</td><td><input type="checkbox"/> Authorized Representative of Corporation</td></tr><tr><td><input type="checkbox"/> Officer who is also a Member of the Application Association</td><td><input checked="" type="checkbox"/> Official of Government Entity</td><td></td></tr></table> | <input type="checkbox"/> Individual Applicant                     | <input type="checkbox"/> Member of Partnership. | <input type="checkbox"/> Authorized Representative of Corporation | <input type="checkbox"/> Officer who is also a Member of the Application Association | <input checked="" type="checkbox"/> Official of Government Entity |  |
| <input type="checkbox"/> Individual Applicant                                                          | <input type="checkbox"/> Member of Partnership.                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Authorized Representative of Corporation |                                                 |                                                                   |                                                                                      |                                                                   |  |
| <input type="checkbox"/> Officer who is also a Member of the Application Association                   | <input checked="" type="checkbox"/> Official of Government Entity                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                 |                                                                   |                                                                                      |                                                                   |  |
| 11. Date<br><br>25 NOV 1991                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                 |                                                                   |                                                                                      |                                                                   |  |