

CABLE LANDING LICENSE APPLICATION
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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

Kodiak-Kenai Cable Company, LLC, Application for non-common submarine cable license-Streamlined Processing Requested

1. Applicant

Name:	Kodiak-Kenai Cable Company, LLC	Phone Number:	907-278-6100
DBA Name:		Fax Number:	907-222-2760
Street:	2702 Denali Street Suite 100	E-Mail:	webell@oldharbor.org
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	99503 -
Attention:	Mr. C. Walter Ebell		

2. Contact

Name:	Jon M. Schorr	Phone Number:	206-622-8020
Company:	Carney Badley Spellman, P.S.	Fax Number:	206-467-8215
Street:	701 Fifth Avenue Suite 3600	E-Mail:	schorr@carneylaw.com
City:	Seattle	State:	WA
Country:	USA	Zipcode:	98014 - 7010
Attention:	Mr. Jon M. Schorr	Relationship:	Legal Counsel

3. Place of Incorporation of Applicant Alaska

4. Other Company(ies) and Place(s) of Incorporation
Ouzinkie Native Corporation, Alaska
Old Harbor Native Corporation, Alaska

5. Destination Country(ies) United States -- Alaska

6. Caption (description of authority requested, e.g., Application for a License to Land and Operate a Fiber Optic Submarine Cable System between the United States, Country A and Country B.)

(If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Application for a License to Land and Operate a Fiber Optic Submarine Cable System within the State of Alaska.

7. Is a fee submitted with this application?
 If Yes, complete and attach FCC Form 159. **If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).**
 Governmental Entity Noncommercial educational licensee
 Other (please explain):

8. Will the cable system be operated on a common carrier basis? Yes No
If yes, provide the File Number of the associated Section 214 application for the construction and operation of new facilities.

9. In Attachment 1, provide the information and certifications required by 47 C.F.R. Section 1.767(a).

CERTIFICATIONS

10. By checking Yes, the undersigned certifies that neither 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 Act of 1988, 21 U.S.C. Section 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. Yes No

11. Typed Name of Person Signing Jon M. Schorr	12. Title of Person Signing Legal Counsel
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WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT
(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

13. 1: Attachment 1	2: FCC Form 159	3:
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