44. Applicant is a (an): (Choose the button next to applicable response.)

- ○ Individual
- ○ Unincorporated Association
- ○ Partnership
- ○ Corporation
- ○ Governmental Entity
- ◉ Other (please specify)

45. Name of Person Signing	46. Title of Person Signing
Shauna S. Muhl	Secretary

47. Please supply any need attachments.

Attachment 1:	Attachment 2:	Attachment 3:

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).

SATELLITE EARTH STATION AUTHORIZATIONS
FCC Form 312 - Schedule A
FOR OFFICIAL USE ONLY

Select one of the following

- ○ CONSENT TO TRANSFER OF CONTROL
- ○ CONSENT TO ASSIGNMENT OF LICENSE
- ○ NOTIFICATION OF TRANSFER OF CONTROL OF RECEIV ONLY REGISTRATION
- ○ NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION

A1. Name of Licensee (as shown on FCC 312 - Main Form)

Name:	Fox Television Stations, Inc.	Phone Number:	202-824-6522
DBA Name:		Fax Number:	
Street:	400 North Capitol Street, NW Suite 890	E-Mail:	
City:	Washington	State:	DC
Country:	USA	Zipcode:	20001 -
Attention:	Joseph M. Di Scipio		

A8. List Callsign(s) of station(s) being assigned or transfered

Callsign: E040467	Callsign: E060186	Callsign: E060374	Callsign: E000642	Callsign:	Callsign:	Callsign:	Callsign:

A9. No. of station(s) listed
4

A10. Name of Transferor/ Assignor

Name:	Fox Television Stations, Inc.	Phone Number:	202-824-6522
Company:		Fax Number:	
Street:	400 North Capitol Street, NW	E-Mail:	
	Suite 890		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20001 -
Attention:	Joseph M. Di Scipio	Relationship:	Legal Counsel

A15. Name of Transferee/ Assignee

Name:	KTVU, LLC	Phone Number:	510-834-1212
DBA Name:		Fax Number:	
Street:	Two Jack London Square	E-Mail:	
City:	Oakland	State:	CA
Country:	USA	Zipcode:	94607 -
Attention:	Chief Engineer		

A20. If these facilities are licensed, is the transferee / assignee directly or indirectly controlled by any other If yes, attach as Exhibit E, a statement (including organizational diagrams where appropriate) which fully a completely identifies the nature and extent of control including: (1) the name, address, citizenship, and prin busienss of the controlling entity and any intermediate subsidiaries or parties, and (2) the names, address citizenshihp, and the percentages of voting and equity stock of those stockholders holding 10 percent or m controlling corporation's voting stock.	(●) Yes ( ) No ( ) N/A
A21. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which how the assignment or transfer will serve the public interest.	

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all a of this application are true, compete and correct to the best of his/h other instruments submitted herewith are complete and constitute 2. The undersigned represents that stock will not be delivered and received, but that transfer of control or assignment of license will b acknowledges that the Commission must be notified by letter withi
A22. Printed Name of Licensee (Must agree with A1) Fox Television Stations, Inc.
A26. Printed Name of License Transferor / Assignor (Must agree with A10) Fox Television Stations, Inc.
A26. Printed Name of License Transferee / Assignee (Must agree with A15) KTVU, LLC

A24. Title (Office Held by Person Signing)
Joseph M. DiScipio as Vice President

A28. Title (Office Held by Person Signing)

Joseph M. DiScipio as Vice President

A28. Title (Office Held by Person Signing)

Shauna S. Muhl as Secretary

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