FORM 405 APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KA374 Renewal

1. Applicant

Name: MCI WORLDCOM Network

Phone Number:

972-729-6406

Services, Inc. (debtor-in-

possession)

42955/107

DBA Name:

Fax Number:

972-729-2690

Street: 2400]

2400 NORTH GLENVILLE

E-Mail:

LAURA. BIRKELBACH@WCOM.COM

City:

RICHARDSON

State:

TX

Country:

USA

Zipcode:

75082

Attention:

LAURA J BIRKELBACH

2. Contact						
Na	Name: Laura Birkelbach Phone		Phone Numb	mber: 972 729 6406		
Co	mpany:	MCI	Fax Number	972 729 2690		
Str	reet:	2400 North Glenville 42955/107	E-Mail:	Laura.Birkelbach@mci.com		
Cit	ty:	Richardson	State:	TX		
Co	Country: USA		Zipcode:	75082 –		
Co. Tit	ntact	Senior Engineer	Relationship	ip: Engineer		
RENEWAL I	NEODM	ATION				
. Rulepart un	der which	this filing is made Rulepart 25				
		h this application?				
If Yes, con	nplete and	d attach FCC Form 159. If No, in	ndicate reason	on for fee exemption (see 47 C.F.R.Section 1.1114).		
Governme	ental Entit	y Noncommercial education	onal licensee			
Other(plea	ase explain	n):				
Application	is for ren	ewal of license in exact conformit	v with the			
existing license			y with the			
a)File Number			(b)	(b)Date Issued		
SESLIC1993052800008			` ′	1993–05–28 00:00:00.0		
Call Sign			(4)	(d)Location		
KA374	·			604 East Hoag Street Yacolt, WA		

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)					
(g)Expiration Date 2003–05–28 00:00:00.0	Petition to reinstate:					
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	a type of emission or of a transmitter which have been made since	the last				
Items 7(a) and (b) apply to Part 21 licenses only.						
7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?						
If YES when:						
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation Yes No N/A					
8. Applicant represents that there has been no change in applicant's org applicant's relation to the station, or financial responsibility; that applic identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number Date	cants most recent application or report embodying this information,	as				

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	Yes No N/A			
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:					
If NO, Explain briefly why not: NO HAZARD OR INTERFERENCE					
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e. g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	®	Yes No			
a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum 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. b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.					
11. Designate Appropriate Classification:					
O Individual					
O Unincorporated Association					
O Partnership					
© Corporation					
O Governmental Entity					
Other (please specify)					

12. Please supply any need attachments.

1:	2:		3:						
CERTIFICATION									
13. Typed Name of Person Signing Laura Birkelbach		14. Title of Person Signing Senior Engineer							
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).									

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