## 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: Marysville, OH

1. Applicant

**Phone Number:** Name: Associated Press

> Fax Number: 816-654-1035

816-654-1000

**DBA Name:** E-Mail: **Street:** 215 W. Pershing Rd msapp@ap.org

Suite 221

City: Kansas City MO State:

USA Zipcode: **Country:** 64108

**Attention:** Matthew A Sapp

Contact					
Name:	Jennifer Hindin	Phone Number:	202–719–7000 202–719–7049 KHarris@wrf.com		
<b>Company:</b>	Wiley, Rein & Fielding	Fax Number:			
Street:	1776 K Street NW	E–Mail:			
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20006 –		
Contact Title:	Attorney	Relationship:	Legal Counsel		
ENEWAL INFORM	MATION				
. Rulepart under whic		25			
. Is a fee submitted w	* *				
<b>_</b>		•	aption (see 47 C.F.R.Section 1.1114).		
Governmental Ent	•	ucational licensee			
Other(please expla	in):				
6. Application is for reexisting license as spec		ormity with the			
)File Number		(b)Date Issued	I''		
SESRWL199306160	01327	1993-07-22 00:00:00.0			
c)Call Sign		(d)Location			
E5995		Marysville, 0	Marysville, OH		

(e)Nature of Service	(f)Class of Station				
Domestic Fixed Satellite	Receive Only Earth Station (CGO)				
(g)Expiration Date 2003–07–22 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 be	en made sir	nce 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?					
		~	Yes No		
		Ŏ	N/A		
If YES when:		ŭ			
(b) If this is a Multipoint Distribution Service (MDS) station, is there a	ownership interest in control by, affiliation O	es			
with, or leasing arrangement with a cable television company?	0 N	Ю			
	<b>●</b> N	I/A			
8. Applicant represents that there has been no change in applicant's orga applicant's relation to the station, or financial responsibility; that application identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number Date	ants most recent application or report embodying th	is informati	on, 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:						
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).	<ul><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li><!--</td--><td>Yes No</td></li></ul>	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						
Governmental Entity						
Other (please specify) Officer of Aplicant's Association						

## 12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Matthew Sapp		14. Title of Person Signing N/A						
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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