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: Austintown Earth Station Renewal

1. Applicant

Name:

Armstrong Utilities, Inc. **Phone Number:** 724–283–0925

DBA Name: Fax Number: 724–283–9655

Street: One Armstrong Place E–Mail: ehassler@agoc.com

City: Butler State: PA

Country: USA **Zipcode:** 16001 – 1988

Attention: Mr. Edgar E. Hassler, Jr.

. Contact					
Name:	Mr. Edgar E. Hassler, Jr.	Phone Number:	724–283–0925		
Company:	Armstrong Utilities, Inc.	Fax Number:	724–283–9655		
Street:	One Armstrong Place	E–Mail:	ehassler@agoc.com		
City:	Butler	State:	PA		
Country:	USA	Zipcode:	16001 – 1988		
Contact	Vice President Engineering	Relationship:	Engineer		
Title:					
ENEWAL INFORM	IATION				
Rulepart under which	n this filing is made Rulepart 25				
Is a fee submitted wi	th this application?				
	* *	, indicate reason for fee exem	nption (see 47 C.F.R.Section 1.1114).		
Governmental Enti					
	*	ational ficensee			
Other(please explain	III).				
Application is for rer	newal of license in exact conform	mity with the			
isting license as spec	ified below:				
)File Number		(b)Date Issued	(b)Date Issued		
SESRWL1993072001122		1993-09-03	1993-09-03 00:00:00.0		
c)Call Sign		(d)Location	(d)Location		
WQ83		Austintown,	Austintown, OH		
255		1 2000 11110 1111,	y ==		

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2003–08–12 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: No change	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 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 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:				
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 pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	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 Edgar E. Hassler, Jr.		14. Title of Person Signing Vice President Engineering						
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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