Approved by OMB
3060−0093

FORM 405 APPLICATION
FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES
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APPLICANT INFORMATION **Enter a description of this application to identify it on the main menu:**
Durango, CO

1. Applicant

Name:	Associated Press	**Phone Number:**	816−654−1000
DBA Name:		**Fax Number:**	816−654−1035
Street:	215 W. Pershing Rd	**E−Mail:**	msapp@ap.org
	Suite 221		
City:	Kansas City	State:	MO
Country:	USA	**Zipcode:**	64108 −
Attention:	Matthew A Sapp		

2. Contact

Name:	Jennifer Hindin	**Phone Number:**	202−719−7000
Company:	Wiley, Rein & Fielding	**Fax Number:**	202−719−7049
Street:	1776 K Street NW	**E−Mail:**	KHarris@wrf.com
City:	Washington	**State:**	DC
Country:	USA	**Zipcode:**	20006 −
Contact Title:	Attorney	**Relationship:**	Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. 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):

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number SESRWL1993061601310	(b)Date Issued 1993−09−09 00:00:00.0
(c)Call Sign E6185	(d)Location Durango, CO

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)
(g)Expiration Date 2003−09−09 00:00:00.0	Petition to reinstate:
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed:	

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
- ○ N/A

If YES when:

(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?

- ○ Yes
- ○ No
- ◉ N/A

8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7.
File Number Date

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?

- ○ 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).

- ◉ 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:

- ○ Individual
- ○ Unincorporated Association
- ○ 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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