FORM 312–R 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: E940261 Renewal Application

1. Applicant

Name: Conus Communications Company Phone Number: 651–642–4645

Limited Partnership

DBA Name: Fax Number: 651–642–4669

Street: 3415 University Ave. S.E. E–Mail: toreilly@conus.com

City: Minneapolis State: MN

Country: USA **Zipcode:** 55414 - 3365

Attention: Mr. Terry O'Reilly

2. Contact	t					
	Name:	Frank R. Jazzo, Esquire	Phone Num	mber: 703-812-0400		
	Company: Fletcher, Heald & Hildreth, P.L.C.		Fax Numbe	per: 703–812–0486		
	Street:	1300 N. 17th Street	E-Mail:	jazzo@fhhlaw.com		
		11th Floor				
	City:	Arlington	State:	VA		
Country:		USA	Zipcode:	22209 –		
	Contact Title:	Member	Relationshi	nip: Legal Counsel		
RENEWA	AL INFORM	IATION				
3. Rulepar	rt under which	this filing is made Rulepart 25				
		h this application?				
If Yes	, complete and	d attach FCC Form 159. If No, in	dicate reason	on for fee exemption (see 47 C.F.R.Section 1.1114).		
Gove	rnmental Entit	y Noncommercial educatio	onal licensee			
Other	(please explain	n):				
5 Applica	ntion is for ren	ewal of license in exact conformity	with the			
* *	cense as speci	•	y with the			
(a)File Nu	(a)File Number			(b)Date Issued		
SESREG1994040401562			`	1997-07-18 00:00:00.0		
(c)Call Sig	(c)Call Sign			(d)Location		
E94026	E940261			3415 University Ave, St. Paul, MN		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)										
(g)Expiration Date 2004–04–04 00:00:00.0	Petition to reinstate:	n 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: None											
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?										
(a) Has there been removal of equipment of alteration of facilities as to	o 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 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, a	as									

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not:	○ ◎ ○	Yes No N/A		
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).	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:				
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 				

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Edward W. Hummers, Jr.		14. Title of Person Signing Assistant Secretary of General Partner						
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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