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: RENEWAL OF RECEIVE ONLY EARTH STATION

1. Applicant

Name: VENTURES IN PAGING, LLC Phone Number: 405–525–7100

DBA Name: Fax Number: 405–521–9887

Street: 2234 N.W. 39TH STREET E-Mail: jcase@mrleng.com

City: OKLAHOMA CITY State: OK

Country: USA Zipcode: 73112 -

Attention: Mr DOUG BRIDGE

2. Contact										
	Name:	J. CASE Phone		ımber:	405-842-2405					
	Company: MONTE R. LEE & COMPANY Fax Nu		Fax Num	ber:	405/848-8018					
Street: 10		100 N.W 63RD	E-Mail:		JCASE@MRLENG.COM					
		STE. 100								
	City: OKLAHOMA CITY State:		State:		OK					
	Country:	USA	Zipcode:		_					
	Contact	LICENSE COORDINATOR	Relations	ship:	Other					
	Title:									
RENEWA	RENEWAL INFORMATION									
		this filing is made Rulepart 25								
4. Is a fee	submitted wit	h this application?				_				
If Yes.	, complete and	l attach FCC Form 159. If No, in	ndicate reas	on for fee exemp	otion (see 47 C.F.R.Section 1.1114).					
O Gover	rnmental Entit	y Noncommercial education	onal licensee	e						
Other	(please explain	1):								
* *	5. Application is for renewal of license in exact conformity with the									
	existing license as specified below:									
(a)File Number SESLIC1994022201829			(b)Date Issued 1994–01–22 00:00:00.0							
1	(c)Call Sign E940200			(d)Location OKLAHOMA CITY						
1				1						

(e)Nature of Service RECEIVE ONLY	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2004–05–06 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 bee	n 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?				
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/			
8. Applicant represents that there has been no change in applicant's orgapplicant's relation to the station, or financial responsibility; that applicate 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	cants most recent application or report embodying this	informati	ion, 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 DOUG BRIDGES		14. Title of Person Signing MANAGER					
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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