## 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: License Renewal for E940435

1. Applica	1. Applicant					
	Name:	CHANNEL 2 BROADCASTING COMPANY	Phone Number:	425–562–7997		
	<b>DBA Name:</b>		Fax Number:	425-562-4725		
	Street:	1802 136TH PLACE NE	E-Mail:			
	City:	BELLEVUE	State:	WA		
	<b>Country:</b>	USA	Zipcode:	98005 –		
	Attention:					

# 2. Contact

Name:	Lauren Lynch Flick	Phone Number:	202-663-8000
<b>Company:</b>	Shaw Pittman LLP	Fax Number:	202-663-8007
Street:	2300 N Street, N.W.	E-Mail:	lauren.lynch.flick@shawpittman
City:	Washington	State:	DC
<b>Country:</b>	USA	Zipcode:	20037 –
Contact		Relationship:	Legal Counsel
Title:			

# RENEWAL INFORMATION

3. Rulepart under which this filing is made	Rulepart 25

4	. Is a fee submitted with this application?	
4	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	nmercial educational licensee
1	Other(please explain):	

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESREG1994071500919	1994–09–16 00:00:00.0
(c)Call Sign	(d)Location
E940435	Anchorage, AK

(e)Nature of Service Receive–Only Earth Station	(f)Class of Station Receive Only Earth Station (CGO)		
(g)Expiration Date 2004–07–15 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?	0	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?	<ul> <li>Yes</li> <li>No</li> <li>N/A</li> </ul>	
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SESREG1994071500919 Date 09/16/1994	odying this information	n, 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).	@ 0	Yes No
<ul> <li>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.</li> <li>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.</li> </ul>		
11. Designate Appropriate Classification:		

- Individual
- Unincorporated Association
- Partnership
- Corporation
- Governmental Entity
- O Other (please specify)

#### 12. Please supply any need attachments.

1: Ex. 1 for Question 8	2:		3:	
CERTIFICATION	CERTIFICATION			
13. Typed Name of Person Signing Greg D. Zaser14. Title of Person Signing President			ng	
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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