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: E7573 Renewal

1. Applicant

Name: Cars Holding, Inc. **Phone Number:** 419–724–6256

DBA Name: Fax Number: 419–724–6167

Street: 541 N. Superior Street **E–Mail:**

City: Toledo State: OH

Country: USA Zipcode: 43660 –

Attention: Mr Gary Blair

2. Contact						
Name	e: Jo	John R. Feore, Jr., Esq. Phone N		mber:	202-776-2000	
Comp	Company: Dow, Lohnes & Albertson, PLLC Fax Nu		Fax Numb	er:	202-776-2222	
Street:		1200 New Hampshire Avenue, NW E-Mail:				
	S	uite 800				
City:	V	Vashington	State:		DC	
Coun	try: U	JSA	Zipcode:		20036 –	
Conta Title:		attorney	Relationsh	ip:	Legal Counsel	
DEMERNAL INI	EOD MAT	TON.				
RENEWAL IN						
3. Rulepart under	r which thi	s filing is made Rulepart 25				
4. Is a fee submit		* *				
If Yes, complete	lete and at	tach FCC Form 159. If No, inc	dicate reaso	on for fee exemption (se	ee 47 C.F.R.Section 1.1114).	
Governmenta	al Entity	Noncommercial education	nal licensee			
Other(please	explain):					
5. Application is	for renewa	al of license in exact conformity	with the			
existing license a		<u> </u>	., 1017 0110			
(a)File Number				(b)Date Issued		
SESRWL1994071300952				1994-09-02 00:00:00.0		
(c)Call Sign				(d)Location		
E7573				Sandusky, OH		

(e)Nature of Service	(f)Class of Station				
Domestic Fixed Satellite	Receive Only Earth Station (CGO)				
(g)Expiration Date	Petition to reinstate:				
2004-08-24 00:00:00.0					
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:	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?					
	O No				
	N/A				
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a cwith, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation Yes				
with, or leasing arrangement with a cable television company:	O No				
	N/A				
8. Applicant represents that there has been no change in applicant's organ 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	ne			

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: Attachment A					
If NO, Explain briefly why not: See Attachment 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 pursuant 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:					
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 GARY BLAIR		14. Title of Person Signing VICE-PRESIDENT/C.F.O.							
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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