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: E940372

1. Applicant

BP Amoco Corporation

Phone Number:

630-420-5911

DBA Name:

Fax Number:

630-420-5912

Street:

Name:

Post Office Box 812000

E-Mail:

hudsond1@bp.com

205 N. Michigan Ave., 8th FL.

City:

Chicago

State:

IL

Country:

USA

Zipcode:

60601

Attention:

Dorothy Hudson

| 2. Contact | | | | | |
|---|-----------------------------------|-------------------|---|--|--|
| Name: | Dorothy Hudson | Phone Number | er: 630–420–5911 | | |
| Company: | ВР | Fax Number: | 630–420–5912 | | |
| Street: | 150 W. Warrenville Rd. MC J8 | E-Mail: | hudsond1@bp.com | | |
| | Bldg. 801, Rm. 1172 | | | | |
| City: | Naperville | State: | IL | | |
| Country: | USA | Zipcode: | 60563 – | | |
| Contact Title: | Project Manager | Relationship: | Other | | |
| 3. Rulepart under which | h this filing is made Rulepart 25 | | | | |
| 4. Is a fee submitted wi | th this annication? | | | | |
| | | indicate reason f | or fee exemption (see 47 C.F.R.Section 1.1114). | | |
| Governmental Enti | ty Noncommercial educati | ional licensee | | | |
| Other(please expla | in): | | | | |
| | | | | | |
| 5. Application is for resexisting license as spec | | ty with the | | | |
| (a)File Number SESLIC1994061501 | 232 | · / | (b)Date Issued 1994–09–02 00:00:00.0 | | |
| c)Call Sign E940372 | | | (d)Location ALSAT | | |

| (e)Nature of Service Domestic Fixed Earath Station | (f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX) | | | |
|---|--|--|--|--|
| (g)Expiration Date 2004–09–02 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 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? | | | | |
| If YES when: | O N/A | | | |
| (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? O No | | | | |
| 8. Applicant represents that there has been no change in applicant's org applicant's relation to the station, or financial responsibility; that applic identified below, is to be considered as a part of this application, and th here any further exceptions, not already covered in question 6 or 7. File Number SESLIC1994061501232 Date 08/04/2004 | | | | |

| 9. Would a Commision 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). | ⊗ | 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 Dorothy Hudson | | 14. Title of Person Signing Project 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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