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: False Pass (E960423) RWL

1. Applicant

Name: GCI Communication Corp. Phone Number: 907–868–5615

DBA Name: Fax Number: 907–868–5676

Street: 2550 Denali Street, Suite 100 E–Mail: jrobertson@gci.com

City: Anchorage State: AK

Country: USA **Zipcode:** 99503 – 2737

Attention: Mrs Jennifer K G Robertson

2. Contact						
N	lame:	Fred Campbell	Phone Nu	mber:	202-730-1300	
Company:		Harris, Wiltshire & Grannis LLP	Fax Number:		202-730-1301	
S	treet:	1200 Eighteenth Street, N.W.	E-Mail:		fcampbell@harriswiltshire	
		12th Floor				
C	City:	Washington	State:		DC	
C	Country:	USA	Zipcode:		20036 –	
	Contact		Relationsh	ութ:	Legal Counsel	
T	itle:					
RENEWAL	INFORM	ATION				
3. Rulepart u	ınder which	this filing is made Rulepart 25				
		h this application?				
		·		on for fee exempti	on (see 47 C.F.R.Section 1.1114).	
Governn	nental Entit	y Noncommercial education	onal licensee			
Other(pl	ease explain	n):				
5. Applicatio	n is for ren	ewal of license in exact conformit	y with the			
existing licer	nse as speci	fied below:				
(a)File Number				(b)Date Issued		
SESLIC1996050701238				1996-08-09 00:00:00.0		
(c)Call Sign				(d)Location		
E960423				False Pass, AK		

(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)					
(g)Expiration Date 2004–08–30 00:00:00.0	Petition to reinstate:					
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:	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:						
(b) If this is a Multipoint Distribution Service (MDS) station, is there a cowith, 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 SES-LIC-19960507-01238Date 08/09/1996	ants most recent application or report embodying this information, as					

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: Exhibit A	2:		3:						
CERTIFICATION									
13. Typed Name of Person Signing Gene Strid		14. Title of Person Signing Vice President & Chief Engineer, Network Services							
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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