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: E960458 (Kiana) Renewal

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						
ľ	Name:	Jennifer K. G. Robertson	Phone Nui	mber:	(907) 868–5615	
(Company:	General Communication Corp.	Fax Numb	er:	(907) 868–9817	
S	Street:	2550 Denali Street, Suite 1000	E–Mail:		jrobertson@gci.com	
(City:	Anchorage	State:		AK	
(Country:	USA	Zipcode:		99503 –	
	Contact	Tariffs and Licenses Manager	Relationsh	ութ։	Other	
]	Γitle:					
RENEWAI	L INFORM	IATION				
3. Rulepart	under which	this filing is made Rulepart 25				
4. Is a fee su	ıbmitted wit	h this application?				
	complete and	d attach FCC Form 159. If No, i	indicate reaso	on for fee exemp	tion (see 47 C.F.R.Section 1.1114).	
Governi	mental Entit	y Noncommercial educati	ional licensee			
-	lease explai	n):				
<u> </u>						
5. Application existing lice		ewal of license in exact conformi fied below:	ity with the			
(a)File Number				(b)Date Issued		
SESLIC1996050701234				1996-08-09 00:00:00.0		
(c)Call Sign				(d)Location		
E960458				Kiana		

(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 application covering this station was filed:	a type of emission or of a transmitter which have been made since	ce 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 t	• · · · · · · · · · · · · · · · · · · ·	Yes No N/A		
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/A			
8. Applicant represents that there has been no change in applicant's orgapplicant's relation to the station, or financial responsibility; that application identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number Date	cants most recent application or report embodying this informatio	on, 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: Filing Description	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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