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: E950148 Renewal

1. Applicant

Name: meteorlogix Phone Number: 202–824–8890

DBA Name: Fax Number: 202–824–8990

Street: 1001 PENNSYLVANIA AVENUE, E–Mail: LOPATKIEWICZ.

STEFAN@DORSEYLAW.COM

N.W. SUITE 300 SOUTH

City: WASHINGTON State: DC

Country: USA Zipcode: 20004 -

Attention: Mr Stefan M Lopatkiewicz

2. Contact	t									
	Name: Mr Stefan M Lopatkiewicz Phone N		Phone Num	ber:	202-824-8890					
Company: Street:		Meteorlogix, LLC Fax	Fax Numbe	Fax Number: E–Mail:	202–824–8990 LOPATKIEWICZ. STEFAN@DORSEYLAW.					
		1001 PENNSYLVANIA AV	E–Mail:							
		N.W. SUITE 300 SOUTH								
	City:	WASHINGTON	State:		DC					
	Country:	USA	Zipcode:		20004 –					
	Contact Title:	ct Legal Counsel Relation		:	Legal Counsel					
RENEWAL INFORMATION										
3. Rulepar	rt under which	this filing is made Rulepart 25								
		h this application?	• 1• 4	e e	47 CED C 4' 1 1114)					
- ~				for fee exemption (see 47 C.F.R.Section 1.1114).					
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O Other	(picase expian									
~ . 1·										
5. Application is for renewal of license in exact conformity with the existing license as specified below:										
(a)File Number			(t	(b)Date Issued						
SESMOD1998111601731				1999-01-26 00:00:00.0						
(c)Call Sign E950148				(d)Location Burnsville, Mn						
E93014	10			Duffisville, Ivill						

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2005–03–17 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 las				
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 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 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 SES–MOD–19981116–01731Date 01/26/1999					

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0	Yes No N/A		
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: A				
If NO, Explain briefly why not: See Attached Study				
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).	0	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				
Governmental Entity				
Other (please specify) LLC				

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Mr Stefan M Lopatkiewicz		14. Title of Person Signing Legal Counsel						
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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