### 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: License Renewal for Transmit/Receive Earth Station E950495, Baton Rouge, LA

1. Applica	1. Applicant						
	Name:	WAFB License Subsidiary, LLC	Phone Number:	334-206-1400			
	<b>DBA Name:</b>		Fax Number:	334–206–1554			
	Street:	RSA Tower, 20th Floor	E-Mail:	rbryan@raycommedia.com			
		201 Monroe Street					
	City:	Montgomery	State:	AL			
	<b>Country:</b>	USA	Zipcode:	36104 –			
	Attention:	Rebecca S Bryan Esq					

2. Contac	et			
	Name:	William H. Fitz	Phone Number:	202-662-5120
	Company:	Covington & Burling	Fax Number:	202-778-5120
	Street:	1201 Pennsylvania Avenue, N.W.	E-Mail:	wfitz@cov.com
	City:	Washington	State:	DC
	<b>Country:</b>	USA	Zipcode:	20004 –
	Attention:	Legal Counsel	<b>Relationship:</b>	Legal Counsel

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Governmental Entity
Noncommercial educational licensee
Other(please explain):

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC1995091400421	1995–11–09 00:00:00.0
(c)Call Sign	(d)Location
E950495	Baton Rouge, LA
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite Service	Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2005–11–09 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since th application covering this station was filed:				

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?	C	Yes		
	c	N/A		
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there a 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 organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note				
here any further exceptions, not already covered in question 6 or 7. File Number SES-ASG-20040923-01417Date 09/23/2004	·			

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0 0 0	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	۲	Yes
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).	ŏ	No
<ul> <li>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.</li> <li>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.</li> </ul>		
11. Designate Appropriate Classification:		

- O Individual
- Unincorporated Association
- O Partnership
- Corporation
- Governmental Entity
- Other (please specify) LLC

#### 12. Please supply any need attachments.

2:			3:	
CERTIFICATION				
13. Typed Name of Person Signing Rebecca S. Bryan		14. Title of Person Signing Vice President of Sole Member		
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).			ATIONAUTHORIZATION	

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