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: RENEWAL APPLICATION FOR EARTH STATION E859930

1. Applicant

Name: Catholic Diocese of Youngstown Phone Number: 330–533–2243

DBA Name: Fax Number: 330–533–1076

Street: P. O. Box 430 E–Mail: bobctny@aol.com

City: Canfield State: OH

Country: USA **Zipcode:** 44406 – 0430

Attention: Mr Robert Gavalier

2. Contact					
Name:	Name: Steven C. Schaffer Pho		202-833-1700		
Company	: Schwartz, Woods & Miller	Fax Number:	202-833-2351		
Street:	1233 20th Street, NW	E-Mail:	schaffer@swmlaw.com		
	Suite 610				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20036 – 7322		
Attention:	Esq.	Relationship:	Legal Counsel		
RENEWAL INFOR	MATION				
3. Rulepart under which	ch this filing is made Rulepart 25	5			
4. Is a fee submitted w	11	o, indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).		
Governmental En			F (
Other(please explain					
o uner (preuse enp.)	ann).				
5. Application is for reexisting license as spe		mity with the			
(a)File Number SESRWL19951005	00343	(b)Date Issued	(b)Date Issued 1995–11–09 00:00:00.0		

(d)Location Canfield, Ohio

(c)Call Sign

E859930

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 1995–11–08 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: None	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?	O Yes		
ICANE O 1	·	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 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-RWL-19951005-00343Date 11/09/1995	ants most recent application or report embodying this inform	nation, as		

9. Would a Commission 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).	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) TAX–EXEMPT CHURCH					

12. Please supply any need attachments.

1: Waiver	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing ROBERT GAVALIER		14. Title of Person Signing STATION 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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