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 OF DOMESTIC FIXED SATELLITE – E960292, 5/25/06

1. Applicant	
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Name: KSTP-TV, LLC **Phone Number:** 651-642-4334

DBA Name: Fax Number:

Street: 3415 UNIVERSITY AVE. WEST E-Mail:

City: ST. PAUL State: MN

Country: USA **Zipcode:** 55114 - 2099

Attention:

Contact				
Name:	MARVIN ROSENBERG	Phone Number:	202–457–7147 202–955–5564	
Company:	HOLLAND & KNIGHT LLP	Fax Number:		
Street:	2099 PENNSYLVANIA AVE., NW	E-Mail:	MARVIN. ROSENBERG@HKLAW.COM	
	SUITE 100			
City:	WASHINGTON	State:	DC	
Country:	USA	Zipcode:	20006 – 6801	
Attention:		Relationship:	Legal Counsel	
Is a fee submitted wit	* *	indicate reason for fee exer	nption (see 47 C.F.R.Section 1.1114).	
If Yes, complete and Governmental Entit			inputor (see 47 Cir.K.section 1.1114).	
Other(please explain	· •	ional neemsee		
Application is for reneasisting license as specific		ty with the		
)File Number		(b)Date Issued	(b)Date Issued 2002-04-02 00:00:00.0	
SESMOD200202040	0129	` ′		

(e)Nature of Service FIXED SATELLITE	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)
(g)Expiration Date 2006–07–05 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? Yes
If YES when:	No No N/A
(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 Date	ants most recent application or report embodying this information, as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	o ⊛ o	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:		
O Individual O Unincorporated Association O Partnership O Corporation		
 Corporation Governmental Entity Other (please specify) LIMITED LIABILITY COMPANY 		

12. Please supply any need attachments.

1:	2:		3:			
CERTIFICATION						
13. Typed Name of Person Signing GARY R. MACOMBER		14. Title of Person Signing ASSISTANT SECRETARY				
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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