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 R/O Earth Station E860720

1. Applicant

Name: Freedom Broadcasting of

Michigan Licensee, L.L.C.

Phone Number:

269-388-3333

DBA Name:

Fax Number:

Street: 590 W. Maple Street

E-Mail:

City:

Kalamazoo

State:

MI

Country:

USA

Zipcode:

49008

Attention: T

Thomas Long

2. Contact					
Name:	John P. Janka	Phone Number:	2026372200		
Company:	Latham & Watkins	Fax Number:	2026372201		
Street:	555 Eleventh Street	E-Mail:			
	Suite 1000				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20004 – 1304		
Attention:	John P. Janka	Relationship:	Legal Counsel		
RENEWAL INFORM	IATION				
3. Rulepart under which	n this filing is made Rulepart	25			
4. Is a fee submitted wi					
		•	semption (see 47 C.F.R.Section 1.1114).		
Governmental Enti	ty Noncommercial ed	ucational licensee			
Other(please explain	in):				
5. Application is for renewal of license in exact conformity with the					
existing license as specified below:					
(a)File Number		\ \ /	(b)Date Issued		
SESRWL1996060701036		1996–07-	1996-07-11 00:00:00.0		
(c)Call Sign		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(d)Location		
E860720		Kalamazo	Kalamazoo, Michigan		
(e)Nature of Service		\ \ /	(f)Class of Station		
Domestic Fixed Sate	llite Service	Receive (Receive Only Earth Station (CGO)		

(g)Expiration Date 2006–07–11 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed: N/A	type of emission or of a transmitter which have been made since the	he 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?					
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a c 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 applicate 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 SESLIC1986050703577 Date 08/10/2004	ants most recent application or report embodying this information, a	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: See Attachment 1 for Environmental Statement and Waiver Request					
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).	O	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					
Unincorporated Association					
O Partnership					
© Corporation					
Governmental Entity Other (places are sife) Limited Liebility Company					
Other (please specify) Limited Liability Company					

12. Please supply any need attachments.

1: Attachment 1	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Thomas P. Long		14. Title of Person Signing Vice President/General 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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