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: St. Michael, AK (E2193)

1. Applicant				
Name:	Alascom, Inc.	Phone Number:	770-602-2065	
DBA Name:		Fax Number:	770–929–4454	
Street:	2315 Salem Road	E-Mail:	jvaughan@att.com	
	First Floor, H9			
City:	Conyers	State:	GA	
Country:	USA	Zipcode:	30013 –	
Attention:	Jane M Vaughan			

Nama	Alassam Inc	Dhana Numhau	770 (02 20(5
Name:	Alascom, Inc.	Phone Number:	770-602-2065
Company:		Fax Number:	770–929–4454
Street:	2315 Salem Road	E-Mail:	jvaughan@att.com
	First Floor, H9		
City:	Conyers	State:	GA
Country:	USA	Zipcode:	30013 –
Attention:	Jane M Vaughan	Relationship:	

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
SESMOD1997082501208	1997–11–07 00:00:00.0
(c)Call Sign	(d)Location
E2193	St. Michael, AK
(e)Nature of Service	(f)Class of Station
FSS	Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2006–09–30 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:	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?		ŏ	Yes No
If YES when:	•	● [⊥]	N/A
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 		
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-20050224-00232Date 02/15/2005	dying this inform	natior	n, as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:	0 © 0	Yes No N/A
If NO, Explain briefly why not: Existing station		
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	© 0	Yes No

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

12. Please supply any need attachments.

1: Control Point	2: RADHAZ		3:	
CERTIFICATION				
13. Typed Name of Person Signing James J. R. Talbot14. Title of Person Signing Senior Attorney				
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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