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: MARTINS FERRY, OH – RENEWAL

1. Applicant

Name: Associated Press Phone Number: 816–654–1000

DBA Name: 816–654–1035

Street: 215 W. Pershing Rd E–Mail: ojbrown@ap.org

Suite 221

City: Kansas City State: MO

Country: USA Zipcode: 64108 -

Attention: Oleta J Brown

2. Contac	ct				
	Name:	OLETA BROWN	Phone Number:	(816) 654–1000	
	Company:	ASSOCIATED PRESS	Fax Number:	(816) 654–1035	
	Street:	215 W. PERSHING RD	E-Mail:	OJBROWN@AP.ORG	
	City:	KANSAS CITY	State:	MO	
	Country:	USA	Zipcode:	64108 –	
	Attention:		Relationship:	Same	

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).		
0	Governmental Entity Noncommercia	al educational licensee		
0	Other(please explain):			

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number SESREG1996090300549	(b)Date Issued 1996–09–03 00:00:00.0
(c)Call Sign E960530	(d)Location MARTINS FERRY, OH
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2006–09–03 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: Emission designation (under revised rule)	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?				
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there a owith, 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 2182–DSE–L–80 Date 01/25/1991	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?	○ ◎ ○	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 pursuant 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		
Corporation		
Governmental Entity		
Other (please specify) Officer of Applicant's Association		

12. Please supply any need attachments.

1:	2:		3:		
CERTIFICATION					
13. Typed Name of Person Signing OLETA BROWN		14. Title of Person Signing ADMIN ASSISTANT			
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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