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: Quinhagak, AK (E2433)

1. Applicant

Name:

Alascom Inc./United Utilities, 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

2. Contact									
	Name:	Jane M. Vaughan	Phone Number:	770-602-2065					
	Company: AT&T		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:	Same					
RENEWA	L INFORM.	ATION							
3. Rulepart	under which	this filing is made Rulepart 25							
4. Is a fee s	ubmitted with	n 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(p	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
SESMOD1997012800117	1997–03–20 00:00:00.0
(c)Call Sign	(d)Location
E2433	Quinhagak, AK
(e)Nature of Service FSS	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2006–10–03 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:	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	O No	
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 org applicant's relation to the station, or financial responsibility; that applic 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-T/C-20050224-00232 Date 02/21/2005	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: EXISTING STATION		
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).	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		
O Governmental Entity		
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.		14. Title of Person Signing TALBOT						
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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