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: Houston, TX E970276 Renewal

1. Applicant

Name: MCI Communications Services, **Phone Number:**

972-729-6406

Inc. (fka MCI WorldCom

Communications, Inc.)

Fax Number:

972-729-2690

2400 N. Glenville Drive **Street:**

E-Mail:

laura.birkelbach@verizonbusiness.

com

Dept/Loc 71216/107

Laura J Birkelbach

City: Richardson State:

TX

Country:

Attention:

DBA Name:

USA

Zipcode:

75082

2. Contact	t				
	Name:	MCI Communications Services, Inc. (fka MCI WorldCom Communications, Inc.)	Phone Nu	ımber:	972–729–6406
	Company:		Fax Num	ber:	972–729–2690
	Street:	2400 N. Glenville Drive	E–Mail:		laura.birkelbach@verizonbusiness.com
	Dept/Loc 71216/107 City: Richardson State: Country: USA Zipcod				
			State:		TX
			Zipcode:		75082 –
	Attention:	Laura J Birkelbach	Relations	hip:	
RENEWA	AL INFORM	ATION			
3. Rulepar	rt under which	this filing is made Rulepart 25			
		h this application? I attach FCC Form 159. If No, i	ndigata roos	on for foo evennties	n (see 47 C.F.R.Section 1.1114).
	rnmental Entity			_	ii (see 47 C.F.R.Section 1.1114).
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5. Application is for renewal of license in exact conformity with the existing license as specified below:					
(a)File Number SESLIC1997040900482			(b)Date Issued 1997–07–25 00:00:00.0		
(c)Call Sign E970276			(d)Location Houston, TX		
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(e)Nature of Service International Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2007–07–25 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 render the Station not operational?					
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 orgapplicant's relation to the station, or financial responsibility; that applicate identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number Date	eants 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?	0	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).	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:			
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 			

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Laura Birkelbach		14. Title of Person Signing Senior Engineer					
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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