## 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:

License Renewal

Name:

1. Applicant

The Center for Rural Development **Phone Number:** 606–677–6000

**DBA Name:** Fax Number: 606–677–6010

Street: 2292 South Hwy. 27 E–Mail: shannon.carter@centertech.com

City: Somerset State: KY

Country: USA Zipcode: 42501 -

**Attention:** Mr Shannon K Carter

2. Contact					
N	Vame:	Shannon Carter	Phone Number:	606–677–6000	
C	Company:	The Center for Rural Development	Fax Number:	606–677–6010	
S	street:	2292 South Hwy. 27	E-Mail:	shannon.carter@centertech.com	
C	City:	Somerset	State:	KY	
C	Country:	USA	Zipcode:	42501 –	
A	Attention:		Relationship:		
3. Rulepart u	ınder which	this filing is made Rulepart 23			
		attach FCC Form 159. If No, inc	dicate reason for fee exem	aption (see 47 C.F.R.Section 1.1114).	
	nental Entity lease explair		nal licensee		
5. Application	on is for rene	ewal of license in exact conformity	with the		
existing licer	• .	· 11 1			

1997-06-20 00:00:00.0

(d)Location

Somerset, KY

SESLIC1997032600429

(c)Call Sign

E970251

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Small Transmit/Receive Earth Station (CGS)				
(g)Expiration Date 2007–06–20 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:	O N/A				
(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 the here any further exceptions, not already covered in question 6 or 7. File Number SES-LIC-19970326-00429Date 06/20/1997					

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:				
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: License	2:		3:						
CERTIFICATION									
13. Typed Name of Person Signing Shannon Carter		14. Title of Person Signing Systems Architect							
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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