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: Renewal of E873635

1. Applicant

Name: Rapid Communications LLC **Phone Number:** 303–697–8602

DBA Name: Fax Number: 3036972217

Street: 9200 W Cross Drive E-Mail: fcccontact@rapidco.com

Suite 600

City: Littleton State: CO

Country: USA Zipcode: 80123 -

Attention: Wayne D Johnsen Esq

2. Contact					
Name:	Stephen Flessner	Phone Num	ber: 3036978602		
Company:		Fax Number	r:		
Street:	9200 W Cross Drive, Suite 600	E-Mail:	sflessner@rapidco.com		
City:	Littleton	State:	СО		
Countr	y: USA	Zipcode:	80123 – 0762		
Attenti	on:	Relationship	o:		
RENEWAL INFO	ORMATION				
3. Rulepart under v	which this filing is made Rulepart 25				
	d with this application?				
If Yes, complet	te and attach FCC Form 159. If No,	indicate reason	for fee exemption (see 47 C.F.R.Section 1.1114).		
Governmental	Entity Noncommercial educate	tional licensee			
Other(please ex	xplain):				
	r renewal of license in exact conform	ity with the			
existing license as	specified below:				
(a)File Number			(b)Date Issued		
SESRWL199708	80401058		1997-08-15 00:00:00.0		
(c)Call Sign			(d)Location		
E873635			Summersville, WV		
(e)Nature of Service		(f	(f)Class of Station Receive Only Forth Station (CCO)		
Receive-only			Receive Only Earth Station (CGO)		

(g)Expiration Date 2007–09–04 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	e 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 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 Date	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? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:	○ ◎	Yes No N/A		
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				
Unincorporated Association				
O Partnership				
• Corporation				
Governmental Entity				
Other (please specify) LLC				

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Stephen Flessner		14. Title of Person Signing Director of Engineering						
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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