Approved by OMB 3060–1066

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 FOR E980013

1. Applicant				
	Name:	GRIFFIN OKC LICENSING, L.L. C.	Phone Number:	202–955–3000
	DBA Name:		Fax Number:	202–955–5564
	Street:	2099 PENNSYLVANIA AVE, NW	E-Mail:	DAVID.OCONNOR@HKLAW. COM
		SUITE 100		
	City:	WASHINGTON	State:	DC
	Country:	USA	Zipcode:	20006 – 6801
	Attention:	DAVID A O'CONNOR ESQ.		

Name:	DAVID A. O'CONNOR	Phone Number:	202 828-1889
Company:	HOLLAND & KNIGHT LLP	Fax Number:	202 955-5564
Street:	2099 PENNSYLVANIA AVE., NW	E–Mail:	DAVID.OCONNOR@HKLAW. COM
	SUITE 100		
City:	WASHINGTON	State:	DC
Country:	USA	Zipcode:	20006 – 6801
Attention:	DAVID O'CONNOR	Relationship:	Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4	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).			
	Governmental Entity O Noncommen	cial educational licensee		
	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
SESLIC1997101601472	1997–12–12 00:00:00.0
(c)Call Sign	(d)Location
E980013	OKLAHOMA CITY, OK

(e)Nature of Service DOMESTIC FIXED SATELLITE SERVICE	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)		
(g)Expiration Date 2007–12–12 00:00:00.0	Petition to reinstate:		
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the las application covering this station was filed: NONE			

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?	 Yes No N/A 			
If YES when:	Ŭ			
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 			
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7. File Number SES–T/C–20070705–00887 Date 07/09/2007				

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: THIS TRANSMIT/RECIEVE EARTH STATION IS NOT LOCATED IN ANY DESIGNATED AREA IDENTIFIED IN SECTION 1.1307(A)–(B) OF THE COMMISSION'S RULES.		
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).	@ 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				
Partnership				
• Corporation				
Governmental Entity				
Other (please specify) LIMITED LIABILITY CORPORATION				
12. Please supply any need attachments.				
1:	: 2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing DAVID F. GRIFFIN		14. Title of Person Signing PRESIDENT		
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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