### 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: EE880419 (McAlester, OK) R/O earth station renewal

1. Applicant

Name:

Allegiance Communications, LLC **Phone Number:** 903–561–6264

**DBA Name: Fax Number:** 903–561–4031

Street: 6125 Paluxy Drive E–Mail: connie@bufordmedia.com

City: Tyler State: TX

Country: USA Zipcode: 75703 -

**Attention:** Connie L Lyles

2. Comaci	2.	Contact
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Name: Nancy Melandry **Phone Number:** 202–973–4363

Company: Davis Wright Tremaine LLP Fax Number: 202–973–4499

Street: 1919 Pennsylvania Avenue, NW E-Mail: nancymelandry@dwt.com

Suite 200

City: Washington State: DC

Country: USA Zipcode: 20006 -

Attention: Relationship: Legal Counsel

#### RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this	application?
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- O Governmental Entity Noncommercial 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
SESRWL1998021200187	1998–04–10 00:00:00.0
(c)Call Sign	(d)Location
E880419	McAlester, OK
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2008–03–18 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 l	ast
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 render the Station not operational?  Yes  No  N/A	
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	anization and that there has been no transfer of control or changes in the	<u> </u>
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		

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0 <b>⊗</b>	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: Facilities comply with environmental radiation standards set forth in the FCC 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 pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	<b>⊚</b> ○	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 company		

## 12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing William L. Haggerty		14. Title of Person Signing CEO		
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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