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: E980125 PBS Terminal Renewal

1. Applicant

Name:

Washington State University **Phone Number:** 509–335–6511

DBA Name: Fax Number: 509–335–3772

Street: 642530 E-Mail: dahmen@wsu.edu

City: Pullman State: WA

Country: USA **Zipcode:** 99164 – 2530

Attention: Mrs Kathryn Dahmen

2. Contact					
Name	: TODD D. GRAY	Phone Number:	202-776-2000		
Comp	any: DOW LOHNES PLLC	Fax Number:	202-776-4897		
Street	: 1200 New Hampshire Av	enue, NW E-Mail:	TGRAY@DOWLOHNES.COM		
	Suite 800				
City:	Washington	State:	DC		
Count	try: USA	Zipcode:	20036 – 6802		
Attent	tion:	Relationship:	Legal Counsel		
RENEWAL INF	FORMATION				
3. Rulepart under	which this filing is made Rule	part 25			
	ed with this application?				
o If Yes, comple	ete and attach FCC Form 159.	If No, indicate reason for fee exem	nption (see 47 C.F.R.Section 1.1114).		
Governmenta	l Entity Noncommercia	l educational licensee			
Other(please	explain):				
5. Application is f existing license as		conformity with the			
(a)File Number		(b)Date Issued	(b)Date Issued		
SESLIC199802	20400154	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1998-03-20 00:00:00.0		
(c)Call Sign		(d)Location	(d)Location		
E980125		PULLMAN.	PULLMAN, WA		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Small Transmit/Receive Earth Station (CGS)				
(g)Expiration Date 2008–03–20 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:					
(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 20071022AUH Date 10/22/2007					

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 facility does not significantly affect the environment						
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						
O Unincorporated Association						
O Partnership						
O Corporation						
O Governmental Entity						
Other (please specify) Noncommercial educational licensee						

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing VIJI MURALI		14. Title of Person Signing VICE PRESIDENT FOR INFORMATION SERVICES/CIO						
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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