## 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: E6035 (KALB-TV) Renewal Application 3.2008

1. Applicant

Name: Media General Communications

**Phone Number:** 

804-649-6000

Holdings, LLC

DBA Name: Fax Number:

Street: 333 East Franklin Street E–Mail:

City: Richmond State: VA

**Country:** USA **Zipcode:** 23219 – 2213

**Attention:** George L Mahoney Esq

2. Comaci	2.	Contact
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Name: Kevin P. Latek Phone Number: 2027762000

**Company:** Dow Lohnes PLLC **Fax Number:** 2027762222

Street: 1200 New Hampshire Ave, NW E-Mail: klatek@dowlohnes.com

Suite 800

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Kevin P. Latek Relationship: Legal Counsel

## RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this app.	lication?
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- 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
SESREG1998061000694	1998–08–07 00:00:00.0
(c)Call Sign	(d)Location
E6035	Alexandria, LA
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2008–06–10 00:00:00.0	Petition to reinstate:
6. Note any changes such as discontinuance of use of a frequency, or of a 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?  Yes  No  N/A
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a country 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 orga applicant'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 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?	o ⊛ o	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 receive only station is not located in any designated area identified in section 1.1307(a)–(b) of the Commissions 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).	<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:

Individu	al						
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	Unincorporated Association						
Partners	Partnership Partnership						
O Corpora	Corporation						
Governmental Entity							
Other (please specify) Limited Liability Company							
12. Please supply any need attachments.							
1:		2: 3:		3:			
CERTIFICATION							
13. Typed Name of Person Signing George L. Mahoney		14. Title of Person Signing Secretary					
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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