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: TVRO Renewal for Crossett AR-KJ84

1. Applicant

Name: Interlink Communications Phone Number:

303-323-1423

Partners, LLC

DBA Name: Fax Number: 303–323–1319

Street: 12405 Powerscourt Dr. E-Mail: CharterFCC@chartercom.com

City: St. Louis State: MO

Country: USA **Zipcode:** 63131 – 3674

Attention: Alexis Anderten

2. Contact									
Name:	Interlink Communications Partners, LLC	Phone Number:	303-323-1423						
Company:		Fax Number:	303-323-1319						
Street:	12405 Powerscourt Dr.	E–Mail:	CharterFCC@chartercom.com						
City:	St. Louis	State:	МО						
Country:	USA	Zipcode:	63131 – 3674						
Attention:	Attention: Relationship:		Engineer						
RENEWAL INFORM	IATION								
3. Rulepart under which	this filing is made Rulepart 25	5							
4. Is a fee submitted wit		• 1• 4 e e	4. (AECED C 4. 11114)						
T			ee exemption (see 47 C.F.R.Section 1.1114).						
Governmental Entit	•	ational licensee							
Other(please explain):									
5. Application is for renewal of license in exact conformity with the existing license as specified below:									
(a)File Number SESRWL1998072901000			(b)Date Issued 1998–08–07 00:00:00.0						
(c)Call Sign KJ84			(d)Location Crossett, AR						

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2008–09–23 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 sir	nce 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 orgapplicant's relation to the station, or financial responsibility; that application identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number Date 07/07/2008	cants most recent application or report embodying this	informati	on, 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: If NO, Explain briefly why not: Will not have a significant environmental impact	o ● o	Yes No N/A	
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 (eg., 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). 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:			
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) LLC 			

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Alexis Anderten		14. Title of Person Signing Manager of FCC Technical Compliance					
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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