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 of call sign E970146

1. Applicant

Name: Northrop Grumman Systems

Phone Number:

202-408-6429

Corporation

DBA Name:

Fax Number:

202-408-6399

Street: 1301 K Street, NW

E-Mail:

dsiddall@sonnenschein.com

Ste. 600E

City: Washington

State:

DC

Country:

USA

Zipcode:

20005

Attention:

David R Siddall

. Contact				
Name:	David R. Siddall	Phone Number:	202-408-6429	
Company:	Sonnenschein Nath & Rosenthal LLP	Fax Number:	202-408-6399	
Street:	1301 K Street, NW	E-Mail:	dsiddall@sonnenschein.com	
	Ste. 600E			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20005 –	
Attention:		Relationship:	Legal Counsel	
Is a fac submitted wit	h this application?			
Is a fee submitted wit	h this application?			
		ndicate reason for fee exe	emption (see 47 C.F.R.Section 1.1114).	
Governmental Entit	y Noncommercial education	onal licensee		
Other(please explain	n):			
Application is for rendisting license as specific		y with the		
File Number SESMOD2003013000113		` '	(b)Date Issued 2003–05–19 00:00:00.0	
(c)Call Sign (d)Location 2701 Harbor Drive, San Diego, CA			por Driva, San Diago, CA	

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)									
(g)Expiration Date 2008–09–10 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 last application covering this station was filed:										
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 there any further exceptions, not already covered in question 6 or 7. File Number SES-MOD-20030130-00113Date 01/30/2003	cants most recent application or report embodying this information	n, as								

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:					
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).	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					
© Corporation					
O Governmental Entity					
Other (please specify)					

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Stephen D. Yslas		14. Title of Person Signing Corp. V.P., Sec. & Dpty. Gen. Counsel					
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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