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: Renwal Earth Station License

1. Applicant						
	Name:	Safeway Inc	Phone Number:	925-467-3661		
	DBA Name:		Fax Number:	925-467-2091		
	Street:	5918 Stoneridge Mall Rd	E-Mail:	brian.eikenberry@safeway.com		
	City:	Pleasanton	State:	CA		
	Country:	USA	Zipcode:	94588 –		
	Attention:	Mr Brian Eikenberry				

2. C	2. Contact						
	Name:	John Jordan	Phone Number:	9854298335			
	Company:	Jordan Technical Services	Fax Number:	9855426676			
	Street:	P.O. Box 985	E-Mail:	john@jordantech.tv			
	City:	Hammond	State:	LA			
	Country:	USA	Zipcode:	70404 –			
	Attention:		Relationship:	Engineer			

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
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
SESMOD2008062600851	2008–08–04 00:00:00.0
(c)Call Sign	(d)Location
E980275	37 41 56.0N 121 55 23.0W
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite service	Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2008–08–14 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 t 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?	0	Yes No N/A
If YES when:	Ŭ	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 	
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number Date	odying this information	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?	0 0 0	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	۲	Yes
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).	ŏ	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
- O Other (please specify)

12. Please supply any need attachments.

2:			3:
CERTIFICATION			
13. Typed Name of Person Signing John T Jordan14. Title of Person Signing Engineer			
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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