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 SES

1. Applicant

Name: American Samoa License, Inc. **Phone Number:** 684–699–2759

DBA Name: Fax Number: 684–699–6593

Street: 478 Lafou Shopping Center E–Mail: lia.tufele@bluesky.as

P.O. Box 478

City: Pago Pago State: AS

Country: USA Zipcode: 97699 –

Attention: Mr Li'a Tufele Jr

| 2. Comaci | 2. | Contact |
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Name: Gregory W. Whiteaker Phone Number: 2023711500

Company: Bennet & Bennet, PLLC **Fax Number:** 2023711558

Street: 4350 East West Highway E–Mail: gwhiteaker@bennetlaw.com

Suite 201

City: Bethesda State: MD

Country: USA Zipcode: 20814 -

Attention: Greg Whiteaker Relationship: Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 73

| 4. Is a fee submitted with this app. | lication? |
|--------------------------------------|-----------|
|--------------------------------------|-----------|

- O 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 |
| SESLIC1999010400002 | 1999–04–07 00:00:00.0 |
| (c)Call Sign | (d)Location |
| E990019 | Pago Pago, AS |
| (e)Nature of Service Domestic Fixed Satellite Service | (f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX) |

| (g)Expiration Date 2009–04–07 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 c 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 application 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 Commision 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 pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(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: | | | |
| Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) | | | |

12. Please supply any need attachments.

| 1: | 2: | | 3: | | |
|---|----|---|----|--|--|
| CERTIFICATION | | | | | |
| 13. Typed Name of Person Signing Adolfo Montenegro | | 14. Title of Person Signing President and CEO | | | |
| 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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