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: E881257 LICENSE RENEWAL

1. Applicant

Name: Mid–South Public

Phone Number: 901–458–2521

Communications Foundation

DBA Name: Fax Number: 901–325–6509

Street: Box 241880 E–Mail: rabernathy@wkno.org

City: Memphis State: TN

Country: USA **Zipcode:** 38124 – 1880

Attention: Mr Russ Abernathy

2. Contact					
Name:	Malcolm G. Stevenson, Esq.	Phone Number:	202-833-1700		
Company:	Schwartz, Woods & Miller	Fax Number:	202-833-2351		
Street:	1233 20th Street, N.W.	E-Mail:	stevenson@swmlaw.com		
	Suite 610				
City:			DC		
Country:	USA	Zipcode:	20036 – 7322		
Attention:		Relationship:	Legal Counsel		
4. Is a fee submitted wit	* *	indicate reason for for ever	ention (con 47 C FD Section 1 1114)		
1 Is a fee submitted wit	h this application?				
If Yes, complete and Governmental Entit			nption (see 47 C.F.R.Section 1.1114).		
Other(please explai	•				
5. Application is for ren existing license as speci		nity with the			
(a)File Number SESRWL1999012700255		` '	(b)Date Issued 1999–04–06 00:00:00.0		
(c)Call Sign E881257		(d)Location MEMPHIS,	(d)Location MEMPHIS, TN		

(f)Class of Station Receive Only Earth Station (CGO)

(e)Nature of Service

Domestic Fixed Satellite

(g)Expiration Date 2009–04–14 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 since	e 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 applic 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 SES–RWL–19990127–00255Date 04/06/1999	ants most recent application or report embodying this information	ı, as			

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	○	Yes No				
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not: Renewal application only	0	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 (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). 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,	●○	Yes No				
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 Governmental Entity						
Other (please specify) Nonprofit/Exempt Organization						

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Michael Labonia		14. Title of Person Signing President & 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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