## FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: E890597 RENEWAL, 6/16/2009

1. Applicant

Name: KOB-TV, LLC Phone Number: 651-642-4334

DBA Name: Fax Number:

Street: 3415 UNIVERSITY AVE. WEST E-Mail: DJONES@HBI.CO,

City: ST. PAUL State: MN

**Country:** USA **Zipcode:** 55114 - 2099

**Attention:** CHARLES R NAFTALIN ESQ.

2. Contact				
Name:	CHARLES R. NAFTALIN	Phone Number:	202-457-7040	
Company:	HOLLAND & KNIGHT LLP	Fax Number:	202-955-5564	
Street:	2099 PENNSYLVANIA AVE NW	E-Mail:	CHARLES. NAFTALIN@HKLAW.COM	
	SUITE 100			
City:	WASHINGTON	State:	DC	
Country:	USA	Zipcode:	20006 – 6801	
<b>Attention:</b>	CHARLES R. NAFTALIN	Relationship:	Legal Counsel	
RENEWAL INFORMATION 3. Rulepart under which				
4. Is a fee submitted w  If Yes, complete as  Governmental Ent  Other(please expla	nd attach FCC Form 159. <b>If No, in</b> ity Noncommercial education		nption (see 47 C.F.R.Section 1.1114).	
5. Application is for re existing license as spec	•	with the		
(a)File Number SESRWL19990329	00514	` ′	(b)Date Issued 2009–06–23 00:00:00.0	
(c)Call Sign E890597		(d)Location ALBUOUE	(d)Location ALBUOUEROUE	

(e)Nature of Service DOMESTIC FIXED SATELLITE	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2009–06–23 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:  NONE	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 t	o 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 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 applicate 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-T/C20060825-01510 Date 08/25/2006				

impact?	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: FCC ADOPTED LIMITS FOR RADIO EXPOSURE ARE NOT EXCEEDED IN AREAS ACCESSIBLE TO THE PUBLIC OR TO STATION PERSONNEL. PROVISIONS WILL BE MADE TO REDUCE POWER OR TERMINATE EMISSIONS TEMPORARILY, AS APPROPRIATE, WHEN NECESSARY FOR MAINTENANCE.		
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.	<b>⊚</b>	Yes No
11. Designate Appropriate Classification:		

_	Individual							
_	Unincorporated Association							
_	Partnership							
_	Corporation							
_	Governmental Entity							
_	Other (please specify) LIMITED LIABILITY COMPANY							
12. Please supply any need attachments.								
1:	1: 2:			3:				
CERTIFICATION								
13. Typed Name of Person Signing GARY R. MACOMBER			14. Title of Person Signing ASSISTANT SECRETARY					
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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