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: E990366 Renewal

1. Applicant

Name: Young Broadcasting of Albany,

Inc., Debtor–In–Posession

Phone Number:

919-839-0300

DBA Name:

Fax Number:

919-839-0304

Street: P.O. Box 1800

E-Mail:

mprak@brookspierce.com

City:

Raleigh

State:

NC

Country:

USA

Zipcode:

27602

Attention:

Mr Mark J Prak

2. Contact						
Na	nme:	Young Broadcasting of Albany, Inc., Debtor–In–Posession	Phone Numb	ber: 919–839–0300		
Co	mpany:		Fax Number	r: 919–839–0304		
Str	reet:	P.O. Box 1800	E–Mail:	mprak@brookspierce.com		
Cit	ty:	Raleigh	State:	NC		
Co	ountry:	USA	Zipcode:	27602 –		
Att	tention:	Mark J Prak	Relationship	Legal Counsel		
		this filing is made Rulepart 25				
		h this application? I attach FCC Form 159. If No, i	indicate reason	for fee exemption (see 47 C.F.R.Section 1.1114).		
O Government Other(plea		·	ional licensee			
5. Application existing licens		ewal of license in exact conformified below:	ity with the			
(a)File Number SESMOD2005111401569			, ,	(b)Date Issued 2006–01–03 00:00:00.0		
(c)Call Sign E990366			(d	(d)Location 341 Northern Blvd, Albany, NY, 12204		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)									
(g)Expiration Date 2009–09–02 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	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 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 the here any further exceptions, not already covered in question 6 or 7. File Number BOA–20090529APE Date 05/29/2009	ants most recent application or report embodying 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	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: Applicant's earth station complies with the radiofrequency radiation limits in 47 C.F.R. 1.1310 and does not otherwise significantly affect the environment. The instant application is for renewal of license for an existing facility.		
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:

0	ndividual Individual									
0	Unincorporated Association									
0	Partnership Partnership									
•	Corporation									
0	Governmental Entity									
0	Other (please specify)									
12. Please supply any need attachments.										
1:		2:		3:						
CERTIFICATION										
	Typed Name of Person Signing Deborah A. McDermott		14. Title of Person Signing President							
	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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