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: E990324 License Renewal

1. Applicant

Name: Young Broadcasting of San

Phone Number:

919-839-0300

Francisco, Inc., Debtor-In-Possession

DBA Name:

Fax Number:

919-839-0304

Street:

P.O. Box 1800

Mr Mark J Prak

E-Mail:

mprak@brookspierce.com

City:

Raleigh

State:

NC

Country: Attention:

USA

Zipcode:

27602

2. Contact										
	Name:	Young Broadcasting of San Francisco, Inc., Debtor–In– Possession	Phone Nu	umber:	919-839-0300					
	Company:	Brooks, Pierce, et. al.	Fax Num	ber:	919-839-0304					
	Street:	P.O. Box 1800	E-Mail:		mprak@brookspierce.com					
	City:	Raleigh	State:		NC					
	Country:	USA	Zipcode:		27602 –					
	Attention:	Mark J. Prak	Relations	ship:	Legal Counsel					
RENEWAL INFORMATION										
3. Rulepart	t under which	this filing is made Rulepart 25								
		h this application?	indicate veca	on for for aroun	tion (good 7 CED Section 1 1114)					
- ~	nmental Entit		•	-	tion (see 47 C.F.R.Section 1.1114).					
~~	please explaii	•	itional ficciisco							
O other	ргецье емрии									
5 Applicat	tion is for more	ewal of license in exact conform	nitry regith tha							
^ ^	cense as speci		mity with the							
(a)File Number				(b)Date Issued						
SESLIC1999072701300			1999-09-29 00:00:00.0							
(c)Call Sign				(d)Location						
E990324	4		Various, Primary Area is California							

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)								
(g)Expiration Date 2009–09–29 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 render the Station not operational?									
If YES when:	N/A								
(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–20090529AQQ Date 05/29/2009									

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	Individual									
0	Unincorporated Association									
0	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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