## 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 Application for E990328

1. Applicant

Name: MTN License Corp. **Phone Number:** 206–838–7700

**DBA Name:** Fax Number: 206–838–7708

Street: 1200 Westlake Avenue E–Mail: ian.thompson@mtnsat.com

Suite 600

City: Seattle State: WA

Country: USA Zipcode: 98109 -

**Attention:** Mr Ian Thompson

2. Comaci	2.	Contact
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Name: Stephen D. Baruch Phone Number: 202–416–6782

Company: Lerman Senter PLLC Fax Number: 202–293–7783

Street: 2000 K Street, NW E–Mail: sbaruch@lermansenter.com

Suite 600

City: Washington State: DC

**Country:** USA **Zipcode:** 20006 – 1809

Attention: Relationship: Legal Counsel

#### RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this app.	lication?
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- 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
SESMOD2005072700993	2005–09–09 00:00:00.0
(c)Call Sign	(d)Location
E990328	Holmdel, Monmouth, New Jersey
(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2009–11–22 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:  None	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		
	O No		
	N/A		
If YES when:			
(b) If this is a Multipoint Distribution Service (MDS) station, is there a cwith, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation Yes		
	● 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 SES-ASG-20070327-00405 Date 03/27/2007	ants most recent application or report embodying this information, as		

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?  If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:  If NO, Explain briefly why not: Applicant seeks renewal of license with no change in authorized operations.	000	Yes No 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, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.	•	Yes No	
11. Designate Appropriate Classification:			
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>			

## 12. Please supply any need attachments.

1: Attachment A	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Robert Hanson		14. Title of Person Signing Vice President		
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