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: GILMORE CREEK, AK (KB82)

1. Applicant

Name: Alascom, Inc. Phone Number: 202–457–3068

DBA Name: Fax Number: 202–457–3071

Street: 1120 20th Street, NW E-Mail: anisa.a.latif@att.com

Suite 1000

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Anisa A Latif

2. Contact							
Nam	e: Suzar	nne Lafrance	Phone Number:	907–264–7756			
Com	pany: Alasc	om, Inc.	Fax Number:	907-777-2561			
Stree	et: 505 E	E. Bluff Drive	E-Mail:	sl1615@att.com			
	MP28	38					
City:	Anch	orage	State:	AK			
Cour	ntry: USA		Zipcode:	99501 –			
Atter	ntion: Suzar	nne Lafrance	Relationship:	Same			
RENEWAL IN	FORMATION	1					
3. Rulepart unde	r which this fili	ing is made Rulepart 25					
4. Is a fee submi	tted with this a	pplication?					
if Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).							
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
SESRWL1999121002168	1999–12–16 00:00:00.0
(c)Call Sign	(d)Location
KB82	Gilmore Creek, AK
(e)Nature of Service FSS	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2010–01–06 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 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	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/C-20050224-00232 Date 11/17/2005	ants most recent application or report embodying this information, as	ıe

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	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:			
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:			
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 			

12. Please supply any need attachments.

1: RadHaz	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Michael T. Felix		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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