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: Renew E874371 (Anchorage Frontier Bldg)

1. Applicant

Name: GCI Communication Corp. Phone Number: 907–868–5615

DBA Name: Fax Number: 907–868–9817

Street: 2550 Denali St, Ste 1000 E-Mail: clynch@gci.com

City: Anchorage State: AK

Country: USA **Zipcode:** 99503 – 2737

Attention: Ms Cynthia L Lynch

2. Contac	t					
	Name:	GCI Communication Corp.	Phone Number:	907–868–5615		
	Company:		Fax Number:	907-868-9817		
	Street:	2550 Denali St, Ste 1000	E–Mail:	clynch@gci.com		
City:		Anchorage	State:	AK		
	Country:	USA	Zipcode:	99503 – 2737		
	Attention:	ntion: Cindy Lynch Relationship:		Other		
3. Rulepa	rt under which	n this filing is made Rulepart 25				
		th this application? d attach FCC Form 159. If No	. indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).		
	rnmental Entit			production 2/222/		
	r(please explai	-				
	ation is for ren	ewal of license in exact conform	nity with the			
	icense as speci	fied below:				

(d)Location

Anchorage, AK

(f)Class of Station
Fixed Satellite Transmit/Receive Earth Station (CGX)

(c)Call Sign E874371

(e)Nature of Service

Domestic Fixed Satellite Service

(g)Expiration Date 2010–04–06 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: N/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	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 country 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 orga applicant'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 Date	ants most recent application or report embodying this information, as

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:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Jimmy Sipes		14. Title of Person Signing VP, Network Services & Chief Engineer						
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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