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: E2454 Renewal Application

1. Applicant						
	Name:	Oral Roberts University	Phone Number:	918-459-6450		
	DBA Name:		Fax Number:			
	Street:	7777 South Lewis Ave.	E-Mail:			
	City:	Tulsa	State:	OK		
	Country:	USA	Zipcode:	74171 –		
	Attention:	Bill Lee				

Name:	Joseph C. Chautin, III	Phone Number:	985-629-0777
Company:	Hardy, Carey, Chautin & Balkin, LLP	Fax Number:	985-629-0778
Street:	1080 West Causeway Approach	E-Mail:	jchautin@hardycarey.com
City:	Mandeville	State:	LA
Country:	USA	Zipcode:	70471 –
Attention:		Relationship:	Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?				
O If Yes, comp	blete and attach FCC Form 159. If No, indicate reason for fee exe	emption (see 47 C.F.R.Section 1.1114).		
Governmen	tal Entity 💿 Noncommercial educational licensee			
O Other(please	e explain):			

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESMOD2004080201085	2004–09–16 00:00:00.0
(c)Call Sign	(d)Location
E2454	Tulsa, OK

(e)Nature of Service domestic fixed satellite service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2010–09–29 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:				

Coordinates have not been changed, however, correction of coordinates on license has been requested in file SES-MOD-20100611-00689 which is pending. In that application, ORU also sought to delete Antenna 1A from the license.

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:			
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	YesNoN/A		

8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7. File Number SES–T/C–20080128–00096Date 02/13/2008

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental	0	Yes
impact?	Ō	No

N/A

If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:

If NO, Explain briefly why not: No changes are proposed that would affect the prior environmental impact certification.

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 pursuant 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.

11. Designate Appropriate Classification:

O Individual					
Unincorporated Association					
• Partnership	Partnership				
• Corporation	-				
Governmental Entity	T				
Other (please specify) university					
12. Please supply any need attachments.					
1:	2:		3:		
CERTIFICATION					
13. Typed Name of Person Signing		14. Title of Person Signing			
Mart Green		Chairman, Board of Trustees			
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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