## 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 E910001

1. Applicant				
N	lame:	Americom Government Services, Inc.	Phone Number:	703-610-1002
D	BA Name:		Fax Number:	703–610–1030
St	treet:	2010 Corporate Ridge, Suite 600	E-Mail:	rick.minter@americom-gs.com
C	City:	McLean	State:	VA
C	Country:	USA	Zipcode:	22102 –
A	ttention:	Rick Minter		

Name:	Maurice najarian	Phone Number:	703–610–0985
Company:	Americom Government Services	Fax Number:	703-610-1030
Street:	2010 Corporate Ridge	E–Mail:	maurice.najarian@SES-USG.com
	Suite 550		
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 –
Attention:		<b>Relationship:</b>	

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

ſ	4. Is a fee submitted with this application?				
	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 O 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
SESRWL2000112002177	2000–11–28 00:00:00.0
(c)Call Sign	(d)Location
E910001	Goldstone, California

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)		
(g)Expiration Date 2010-11-30 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 las 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?	<ul> <li>Yes</li> <li>No</li> <li>N/A</li> </ul>
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?	<ul> <li>Yes</li> <li>No</li> <li>N/A</li> </ul>
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number Date	dying this information, as

- Individual
- Unincorporated Association
- Partnership
- Corporation
- Governmental Entity
- O Other (please specify)

#### 12. Please supply any need attachments.

1:	2:		3:
CERTIFICATION			
13. Typed Name of Person Signing Maurice Najarian14. Title of Person Signing Systems 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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