#### 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 Earth Station license E000634 – Egegik, AK 99579

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

SA

Zipcode:

99503

2737

**Attention:** 

Regulatory License Manager

_	C 1 1	
,	Contact	ľ

Name: Cindy Lynch Phone Number: 907–868–5615

**Company:** GCI Communication Corp **Fax Number:** 907–868–9817

Street: 2550 Denali Street E–Mail: gcilicensemanager@gci.com

Suite 1000

City: Anchorage State: AK

Country: USA Zipcode: 99503 -

Attention: Regulatory License Manager Relationship: Same

## RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4.	Is a	fee	submitted	with	this	application?
----	------	-----	-----------	------	------	--------------

- 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
SESLIC2000100501847	2000–11–29 00:00:00.0
(c)Call Sign	(d)Location
E000634	Egegik, AK
(e)Nature of Service Common Carrier	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2010–11–29 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 lass				
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 c with, or leasing arrangement with a cable television company?	wnership 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 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 Date	nts 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).	<b>⊗</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:			
<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:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Jimmy Sipes  14. Title of Person Signing VP, Network Services & Chief Engineer			S .	
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).				

#### FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–1066), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–1066.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.