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: E010024 Renewal Application

1. Applicant

Name: Nexstar Broadcasting, Inc. **Phone Number:** 972–373–8800

DBA Name: Fax Number: 972–373–8888

Street: 5215 N. O'Connor Blvd E–Mail: eryder@nexstar.tv

Suite 1400

City: Irving State: TX

Country: USA Zipcode: 75039 -

Attention: Elizabeth Ryder

Rulepart under which this filing is made Rulepart 25 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 Noncommercial educational licensee Other(please explain): Application is for renewal of license in exact conformity with the kisting license as specified below:				
Company: Street: 5215 N. O'Connor Blvd E-Mail: eryder@nexstar.tv Suite 1400 City: Irving State: TX Country: USA Zipcode: 75039 - Attention: Elizabeth Ryder Relationship: ENEWAL INFORMATION Rulepart under which this filing is made Rulepart 25 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 Noncommercial educational licensee Other(please explain):	Contact			
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existing license as specified below:	Other(please explain	(n):		
existing license as specified below:				
a)File Number (b)Date Issued			mity with the	
	a)File Number		(b)Date Issued	

existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC2001012900194	2001–03–28 00:00:00.0
(c)Call Sign	(d)Location
E010024	Various
(e)Nature of Service Domestic	(f)Class of Station Mobile Satellite Earth Stations (CGB)

(g)Expiration Date 2011–03–28 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: None	a type of emission or of a transmitter which have been	en made sir	nce 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?	0 0 ●	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	O	
8. Applicant represents that there has been no change in applicant's organ 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 SES-ASG-20031216-01815 Date 12/30/2003	ants most recent application or report embodying thi	is informati	on, as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0	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).	O	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 Perry Sook		14. Title of Person Signing Chief Executive Officer			
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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