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 Application Call Sign E000701

1. Applicant

Name: Norac Inc **Phone Number:** 303–388–8500 x1130

DBA Name: Fax Number: 303–388–9600

Street: 2400 N Ulster St E–Mail: brianb@coloradostudios.com

City: Denver State: CO

Country: USA Zipcode: 80238 -

Attention: Mr Brian Brieske

2. Contact					
Name:	Brian Brieske	Phone Number:	303-388-8500 x1130		
Company:	Colorado Studios	Fax Number:	303-388-9600		
Street:	8269 E. 23rd Avenue	E-Mail:	brian@coloradostudios.com		
City:	Denver	State:	СО		
Country:	USA	Zipcode:	80238 –		
Attention:	Attention:		Relationship:		
DENEMAL DIEGO.	(ATTION)				
RENEWAL INFORM					
3. Rulepart under which	n this filing is made Rulepart	25			
4. Is a fee submitted wi If Yes, complete an Governmental Entir Other(please explain	d attach FCC Form 159. If ty Noncommercial ed		ption (see 47 C.F.R.Section 1.1114).		
5. Application is for ren existing license as speci		formity with the			
(a)File Number SESLIC2000112402	235	(b)Date Issued 2001–01–17	(b)Date Issued 2001–01–17 00:00:00.0		

(d)Location Various

(f)Class of Station

Mobile Satellite Earth Stations (CGB)

(c)Call Sign E000701

(e)Nature of Service

Domestic Fixed Satellite Service

(g)Expiration Date 2011–01–17 00:00:00.0	Petition to reinstate: Norac E000701				
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed: No Changes	a type of emission or of a transmitter which have	ve 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?					
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?		Yes			
		No N/A			
8. Applicant represents that there has been no change in applicant's orgapplicant'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	ants most recent application or report embodying	ng this information, as			

9. Would a Commission 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 pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	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:				
O Individual				
O Unincorporated Association				
O Partnership				
© Corporation				
O Governmental Entity				
Other (please specify)				

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Brian Brieske		14. Title of Person Signing Business Manager					
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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