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:

Globalstar USA – Earth Station License Renewal – Clifton Gateway Antenna CLFN-2

1. Applicant

Name: GUSA Licensee LLC Phone Number: 408–933–4525

DBA Name: Fax Number: 408–933–4960

Street: 461 S. Milpitas Boulevard E–Mail: tony.navarra@globalstar.com

City: Milpitas State: CA

Country: USA Zipcode: 95035 -

Attention: Mr Anthony J Navarra

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''	Contact
<i>_</i> -	Contact

Name: Paul Monte Phone Number: 408–933–4521

Company: Globalstar, Inc. Fax Number: 408–933–4960

Street: 461 S. Milpitas Blvd. E–Mail: paul.monte@globalstar.com

City: Milpitas State: CA

Country: USA **Zipcode:** 95035 - 5438

Attention: Mr. Paul A. Monte **Relationship:** Same

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this app.	lication?
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- 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
SESLIC2000070601091	2001–03–22 00:00:00.0
(c)Call Sign	(d)Location
E000342	848 County Road 4290, Clifton, TX 76634
(e)Nature of Service Feeder Link for Mobile Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2011–03–22 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	type of emission or of a transmitter which have been made	e since t	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?	YeNoN/	0		
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?	ownership 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 applicate 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 SESASG200607201238 Date 08/10/2006	ants most recent application or report embodying this information	mation,	as		

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not: Radiation hazard below maximum permissible exposure level (see attachment in SESLIC2000070601091)	000	Yes No N/A
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).	⊚	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:

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Unincorporated Association							
Partnership	5 Partnership						
Corporation							
O Governmental Entity							
Other (please specify) Limited Liability Company							
12. Please supply any need attachments.							
1: Cover letter	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Anthony Navarra		14. Title of Person Signing President					
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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