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 of Radio License in Specified Services

Name:	Cebridge Acquisition, L.P.	Phone Number:	314–315–9337
DBA Name	:	Fax Number:	314-315-9322
Street:	12444 Powerscourt Drive	E-Mail:	Michael.Zarrilli@suddenlink.com
	Suite 450		
City:	St. Louis	State:	МО
Country:	USA	Zipcode:	63131 –
Attention:	Mr Michael J Zarrilli		

2. Contact			
Name	Cebridge Acquisition, L.P.	Phone Number:	314–315–9337
Comp	any:	Fax Number:	314–315–9322
Street	12444 Powerscourt Drive	E-Mail:	Michael.Zarrilli@suddenlink.com
	Suite 450		
City:	St. Louis	State:	МО
Count	ry: USA	Zipcode:	63131 –
Attent	ion:	Relationship:	

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4	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).		
4	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
SESRWL2001040400668	2001–04–06 00:00:00.0
(c)Call Sign	(d)Location
KG97	Bossier City, LA

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2001–05–25 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 last 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?		0	Yes
		۲	No
		Ō	N/A
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?			
	O N/A		
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 embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7.			

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0 0 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	۲	Yes
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).	ŏ	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
- O Corporation
- Governmental Entity
- O Other (please specify)

12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Michael Zarrilli14. Title of Person Signing VP of Government Relations				
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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