## 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:

Fixed Earth Station License Renewal

Name:

1. Applicant

University of Louisiana at Monroe **Phone Number:** 318–342–5556

**DBA Name:** Fax Number: 318–342–5570

Street: 250 Stubbs Hall E–Mail: kedmgm@ulm.edu

401 Bayou Drive

City: Monroe State: LA

**Country:** USA **Zipcode:** 71209 - 8214

**Attention:** Mr Joel R Willer

2. Contact	
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Name: University of Louisiana at Monroe Phone Number: 318–342–5556

Company: KEDM Public Radio Fax Number: 318–342–5570

Street: 250 Stubbs Hall E–Mail: kedmgm@ulm.edu

401 Bayou Drive

City: Monroe State: LA

**Country:** USA **Zipcode:** 71209 - 8214

**Attention:** Mr Joel R Willer **Relationship:** Same

## RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?	4.	Is	a fee	submitted	with	this	application?
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- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
- 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
SESRWL2001082001551	2001–09–10 00:00:00.0
(c)Call Sign	(d)Location
E910655	401 Bayou Drive, Monroe, Louisiana
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)

	<del>1</del>				
(g)Expiration Date	Petition to reinstate:				
2011-09-17 00:00:00.0					
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:	a type of emission or of a transmitter which have been made since the la				
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?				
	O No				
	⊗ N/A				
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation Yes					
with, or leasing arrangement with a cable television company?	. No				
	<b>Y</b>				
	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 20100105AAW Date 01/05/2010	ants most recent application or report embodying 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?  If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:  If NO, Explain briefly why not: The licensed facility is not located in an area defined in 47 CFR 1.1307 and does not transmit radiofrequency radiation.	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).  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.	•	Yes No

11. Designate Appropriate Classification:

j Individual						
Unincorporated Association						
Partnership	Partnership					
Corporation						
Governmental Entity						
Other (please specify)						
12. Please supply any need attachments.						
1: 2: 3:			3:			
CERTIFICATION						
13. Typed Name of Person Signing Nick J. Bruno		14. Title of Person Signing President, University of Louisiana at Monroe				
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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