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: 2011 Renewal of E910642

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

2. Contact					
Name:	Nexstar Broadcasting, Inc.	Phone Number:	972-373-8800		
Company:		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	Relationship:	Same		
RENEWAL INFORM	MATION				
3. Rulepart under whic	h this filing is made Rulepart 25	i			
4. Is a fee submitted wi					
If Yes, complete are	ad attach FCC Form 159. If No.	o, indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).		
Governmental Enti	ity Noncommercial educ	ational licensee			
Other(please expla	in):				
5. Application is for renexisting license as spec		mity with the			
(a)File Number		(b)Date Issued	(b)Date Issued		

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESRWL2001101701912	2001–10–19 00:00:00.0
(c)Call Sign	(d)Location
E910642	Various
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2011–11–01 00:00:00.0	Petition to reinstate:
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	a type of emission or of a transmitter which have been made since the
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	o render the Station not operational? 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 No N/A
8. Applicant represents that there has been no change in applicant's organ 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 SES-ASG-20031216-01816 Date 12/17/2003	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?	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 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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