## 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:

Application for renewal of receive-only earth station E3921

1. Applicant

Name: MetroCast Communications of

**Phone Number:** 

610-993-1007

Mississippi, LLC

DBA Name:

Fax Number:

610-993-1100

Street:

70 East Lancaster Avenue

E-Mail:

rpearson@harron.com

City:

Frazer

State:

PA

**Country:** 

USA

Zipcode:

19355

**Attention:** 

Mr Ryan F Pearson

. Contact					
Name:	Ryan Pearson	Phone Number:	610–993–1007		
Company:		Fax Number:	610–993–1100		
Street:	70 East Lancaster Avenue	E-Mail:	rpearson@harron.com		
City:	Frazer	State:	PA		
Country:	USA	Zipcode:	19355 –		
<b>Attention:</b>		Relationship:			
·	d attach FCC Form 159. If No,		aption (see 47 C.F.R.Section 1.1114).		
Governmental Enti		ional licensee			
Other(please expla	in): R/O Earth Station				
	1 (1)				
. Application is for reaxisting license as spec		ity with the			
File Number SESRWL2001111402126		(b)Date Issued 2001–12–29	(b)Date Issued 2001–12–29 00:00:00.0		
c)Call Sign		(d)Location			

Bennettsville, SC

E3921

(e)Nature of Service	(f)Class of Station			
R/O Earth Station	Receive Only Earth Station (CGO)			
(g)Expiration Date 2011–12–31 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: N/A	a type of emission or of a transmitter which have been	ı made sir	nce 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 t	o render the Station not operational?	0	Yes	
		Ō	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?	O No			
	N/A	1		
8. Applicant represents that there has been no change in applicant's org 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 Date	cants most recent application or report embodying this	informati	ion, as	

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	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 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).		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:						
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> </ul>						
Corporation Governmental Entity Other (please specify) Limited Liability Company						

## 12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Ryan Pearson		14. Title of Person Signing Executive Vice President and General Counsel					
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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