## 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: E3816 License Renewal December 2011

	cant

**Name:** WPXI, Inc. **Phone Number:** 412–237–1100

DBA Name: Fax Number:

Street: 4145 Evergreen Road E–Mail:

City: Pittsburgh State: PA

Country: USA Zipcode: 15214 -

**Attention:** 

2. Comaci	2.	Contact
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Name: Robert J, Folliard, Esq. Phone Number: 202–776–2000

Company: Dow Lohnes PLLC Fax Number: 202–776–2222

Street: 1200 New Hampshire Avenue E–Mail: rfolliard@dowlohnes.com

Suite 800

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Robert J. Folliard, Esq. Relationship: Legal Counsel

## 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
SESRWL2001120702351	2001–01–22 00:00:00.0
(c)Call Sign	(d)Location
E3816	Pittsburgh, PA
(e)Nature of Service	(f)Class of Station
Fixed	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 a application covering this station was filed:	type of emission or of a transmitter which have been made since the last	st
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?  Yes  No  N/A	
If YES when:		
(b) If this is a Multipoint Distribution Service (MDS) station, is there a county with, or leasing arrangement with a cable television company?	wnership 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 application 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 SESASG2005121301737 Date 12/31/2005	nts 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: Grant of the instant application will not have a significant environmental impact because the applicant proposes only to renew the license for Earth Station E000096. It does not propose any physical changes.	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 pursuant 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:

ြ	Individual				
ō	Unincorporated Association				
o	Partnership				
0	Corporation				
0	Governmental Entity				
0	Other (please specify)				
12. Please supply any need attachments.					
1:	1: 2:			3:	
CERTIFICATION					
13. Typed Name of Person Signing Shauna S. Muhl		14. Title of Person Signing Secretary			
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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