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: E020199 License Renewal

1. Applicant

Name: Nebraska Educational **Phone Number:** 402–432–2220

Telecommunications Commission

DBA Name: Fax Number: 402–471–8089

Street: 1800 North 33rd St. E-Mail: MSperling@netad.unl.edu

City: Lincoln State: NE

Country: USA Zipcode: 68503 -

Attention: Matt Sperling

2. Contact

Name: Barry S. Persh Phone Number: 202–776–2458

Company: Gray Miller Persh LLP Fax Number:

Street: 1200 New Hampshire Ave., NW E-Mail: bpersh@graymillerpersh.com

Suite 410

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Relationship: Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

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
SESMOD2005101001390	2005–11–22 00:00:00.0
(c)Call Sign	(d)Location
E020199	Lincoln, NE
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2017–11–18 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: None	a type of emission or of a transmitter which have been made since	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 to	o N	es No V/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 org applicant's relation to the station, or financial responsibility; that applic identified below, is to be considered as a part of this application, and th here any further exceptions, not already covered in question 6 or 7. File Number BOA20160122AAJ Date 01/22/2016	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 environmen impact?	tal O	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: Renewal only – no technical changes			
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 application, 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).	ant (e.	Yes No	
a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regular 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.	iory		
11. Designate Appropriate Classification:			
 Individual Unincorporated Association Partnership Corporation 			
Governmental Entity			
Other (please specify)			

12. Please supply any need attachments.

1:	2:		3:
CERTIFICATION			
13. Typed Name of Person Signing Ling Ling Sun			ing
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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