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: KFCF SAT UPLINK RENEWAL

1. Applicant

Name: Fresno Free College Foundation Phone Number: 202–965–7880

DBA Name: Fax Number: 202–965–1729

Street: 1000 Potomac Street, NW E-Mail: jcrigler@gsblaw.com

Fifth Floor

City: Washington State: DC

Country: USA Zipcode: 20007 -

Attention: Mr John Crigler Esq

2. Contact						
Name:	Fresno Free College Foundation	Phone Nu	ımber:	202-965-7880		
Company:		Fax Num	ber:	202-965-1729		
Street:	1000 Potomac Street, NW	E-Mail:		jcrigler@gsblaw.com		
	Fifth Floor					
City:	Washington	State:		DC		
Country:	USA	Zipcode:		20007 –		
Attention:	Mr John Crigler Esq	Relations	hip:	Legal Counsel	sel	
· · · · · · · · · · · · · · · · · · ·	th this filing is made Rulepart 25 th this application? d attach FCC Form 159. If No, in		•	ption (see 47 C.F.R.Section 1.1114).		
Other(please explain	*	onar neensee	,			
5. Application is for rerexisting license as spec		ty with the				
(a)File Number SESRWL2002111502059			(b)Date Issued 2002–11–26 00:00:00.0			
(c)Call Sign E920664			(d)Location BERKELEY, CA			
(e)Nature of Service			(f)Class of Station			

Fixed Satellite Transmit/Receive Earth Station (CGX)

Domestic Fixed Satellite Service

(g)Expiration Date 2017–11–13 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: N/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 render the Station not operational?						
If YES when:						
(b) If this is a Multipoint Distribution Service (MDS) station, is there a owith, 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 orga applicant's relation to the station, or financial responsibility; that applica 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	ants most recent application or report embodying this information, as					

impact?	000	Yes No N/A
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.		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								
Unincorporated Association								
Partnership Partnership								
© Corporation								
Governmental Entity								
Other (please specify)								
12. Please supply any need attachments.								
1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Rychard Withers		14. Title of Person Signing Executive Director						
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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