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: E030121, Las Vegas License Renewal

1. Applicant

Name: Scripps Broadcasting Holdings **Phone Number:** 513–977–3981

LLC

DBA Name: Fax Number:

Street: c/o Scripps Media, Inc. E-Mail: dave.giles@scripps.com

312 Walnut St., 28th Floor

City: Cincinnati State: OH

Country: USA **Zipcode:** 45202 – 4067

Attention: David M Giles

2. Contact									
	Name:	Kenneth C. Howard, Jr.	Phone Number:	202-861-1580					
	Company:	Baker & Hostetler LLP	Fax Number:						
	Street:	1050 Connecticut Ave., NW	E-Mail:	khoward@bakerlaw.com					
		Suite 1100							
	City:	Washington	State:	DC					
	Country:	USA	Zipcode:	20036 –					
	Attention:	Kenneth C. Howard, Jr.	Relationship:	Legal Counsel					
RENEWA	AL INFORM	ATION							
3. Rulepar	3. Rulepart under which this filing is made Rulepart 25								
		n this application?							
	If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).								
G Gover	Governmental Entity Noncommercial educational licensee								

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESREG2003052300694	2003–07–15 00:00:00.0
(c)Call Sign	(d)Location
E030121	Las Vegas, NV
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)

Other(please explain):

(g)Expiration Date 2018–05–23 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: NONE	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 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 SES-ASG-20160120-00072 Date 02/08/2016	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 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 pusuant 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:				
O Individual O Unincorporated Association				
O Partnership				
• Corporation				
Other (please specify) Limited Liability Company				

12. Please supply any need attachments.

1:	2:		3:						
CERTIFICATION									
13. Typed Name of Person Signing Ray Thurber		14. Title of Person Signing Vice President/Engineering							
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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