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: Renewal Call Sign # E930436

1. Applicant

Name: SES Americom, Inc. Phone Number: 202–478–7143

DBA Name: Fax Number: 202–478–7111

Street: 1129 20th Street NW E-Mail: petra.vorwig@ses.com

Suite 1000

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Ms Petra A Vorwig

2. Contact					
Name:	George Varkey	Phone Number	: 609 987 4327		
Company:	SES	Fax Number:			
Street:	4 Research Way	E–Mail:	george.varkey@ses.com		
City:	Princeton	State:	NJ		
Country:	USA	Zipcode:	08540 –		
Attention:		Relationship:	Engineer		
RENEWAL INFORM	IATION				
3. Rulepart under which	n this filing is made Rulepa	art 25			
4. Is a fee submitted with		If No. in diagte weegen for	for assumption (see 47 CED Section 1.1114)		
T ~		·	fee exemption (see 47 C.F.R.Section 1.1114).		
Governmental Entire		educational ficensee			
Other(please explai	п):				
5. Application is for renewal of license in exact conformity with the existing license as specified below:					
(a)File Number SESMOD2009050500551			(b)Date Issued 2009–06–16 00:00:00.0		
(c)Call Sign E930436		` '	(d)Location Somis, Ventura, CA		
(e)Nature of Service Fixed Satellite Service			(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)		

(g)Expiration Date 2018–10–29 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 o 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 organ 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 Date	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?	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: Earth Station Complies with 47 CFR (A) and (B)						
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						
Governmental Entity						
Other (please specify)						

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Petra A Vorwig		14. Title of Person Signing Senior Legal & Regulatory 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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