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 of Fixed Satellite Downlink

1. Applicant						
	Name:	Rainbird Community Broadcasting, Inc.	Phone Number:	907–225–9655		
	DBA Name:		Fax Number:			
	Street:	1101 Copper Ridge Road	E-Mail:	deb@krbd.org		
	City:	Ketchikan	State:	AK		
	Country:	USA	Zipcode:	99901 –		
	Attention:	Deborah Turnbull				

2. Contact				
Nam	e: Rainbird Community Broadcasting, Inc.	Phone Number:	907–225–9655	
Com	pany:	Fax Number:		
Stree	t: 1101 Copper Ridge Road	E-Mail:	deb@krbd.org	
City	Ketchikan	State:	AK	
Cou	ntry: USA	Zipcode:	99901 –	
Atte	ntion:	Relationship:		

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 73

4. Is a fee submitted with 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).			
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
SESMOD2016051200412	2016–06–28 00:00:00.0
(c)Call Sign	(d)Location
E030241	1101 COPPER RIDGE LANE 55

(e)Nature of Service Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)		
(g)Expiration Date 2018–10–23 00:00:00.0	Petition to reinstate:		
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed:			

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?	0	Yes
	M	No
	ŏ	N/A
	×	
If YES when:		
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation	• Yes	
with, or leasing arrangement with a cable television company?	O No	
	N/A	
	-	
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SES–MOD–20160512–00412Date 06/28/2016	dying this informati	ion, as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0000	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).	@ 0	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
- O Partnership
- Corporation
- Governmental Entity
- Other (please specify) Non–Profit

12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION	CERTIFICATION			
13. Typed Name of Person Signing Deborah Turnbull14. Title of Person Signing General Manager				
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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