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 **Phone Number:** 907–225–9655

Broadcasting, Inc.

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					
Name:	Rich Parker	Phone Num	aber: 907–209 9620		
Company:	CoastAlaska, Inc.	Fax Numbe	r:		
Street:	360 Egan Dr	E-Mail:	richp@coastalaska.org		
City:	Juneau	State:	AK		
Country:	USA	Zipcode:	99801 –		
Attention:	Director of Engineering	Relationshi	p: Engineer		
RENEWAL INFORM	MATION				
3. Rulepart under whic	h this filing is made Rulepart 2	25			
4. Is a fee submitted wi					
-		•	for fee exemption (see 47 C.F.R.Section 1.1114).		
Governmental Enti	ity Noncommercial edu	icational licensee			
Other(please expla	in):				
5. Application is for renewal of license in exact conformity with the					
existing license as spec	existing license as specified below:				
(a)File Number	a)File Number		(b)Date Issued		
SESMOD201605120	00412		2016-06-28 00:00:00.0		
(c)Call Sign		(((d)Location		
E030241			Ketchikan, AK		
(e)Nature of Service		(1	(f)Class of Station		
Fixed Satellite Service			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 application covering this station was filed:	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 render the Station not operational? O Yes No N/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 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 SES-MOD-20160512-00412Date 06/28/2016	

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not: Receive Only	000	Yes No N/A				
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). 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.	•	Yes No				
11. Designate Appropriate Classification:						
O Individual						
O Unincorporated Association						
O Partnership						
• Corporation						
• Governmental Entity						
Other (please specify) Non–Profit						

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Rich Parker		14. Title of Person Signing Director of 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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