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 Earth Station E030239

1. Applicant

Name: Pacifica Foundation, Inc. Phone Number: 510–849–2590

DBA Name: Fax Number: 510–849–2617

Street: 1925 Martin Luther King Jr. Wa E–Mail: sirius@pacifica.org

City: Berkeley State: CA

Country: USA **Zipcode:** 94704 – 2590

Attention: Melodie Virtue

2. Contact					
Name:	Melodie Virtue	Phone Numbe	er: 202–965–7880		
Company: Fax Num		Fax Number:	202–965–1729		
Street:	1000 Potomac St. NW	E-Mail:	mvirtue@gsblaw.com		
	2nd Floor				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20007 –		
Attention:	Melodie Virtue	Relationship:	Legal Counsel		
RENEWAL INFORM	MATION				
3. Rulepart under which	ch this filing is made Rulepart	25			
4. Is a fee submitted w	* *				
		•	for fee exemption (see 47 C.F.R.Section 1.1114).		
Governmental Ent	•	ucational licensee			
Other(please expla	nin):				
5. Application is for renewal of license in exact conformity with the					
existing license as specified below:					
(a)File Number			(b)Date Issued		
SESREG200310230	SESREG2003102301467		2003-12-10 00:00:00.0		
(c)Call Sign			(d)Location		
E030239			1929 Martin Luther King Jr. Way Berkeley		
(e) Nature of Service			(f)Class of Station Receive Only Forth Station (CCO)		
Domestic 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 la				
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 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 organization to the station, or financial responsibility; that applicate 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?	○ ◎	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: Receive only Earth Station						
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						
O Governmental Entity						
Other (please specify) Non–Profit Corporation						

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Tom Livingston		14. Title of Person Signing Interim 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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