## 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: E6537 Renewal Application

1. Applicant

Name: Deerfield Media (Rochester) Phone Number:

202-663-8167

Licensee, LLC

DBA Name: Fax Number:

Street: 1200 Seventeenth Street, NW E-Mail: scott.flick@pillsburylaw.com

City: Washington State: DC

Country: USA Zipcode: 20036 -

**Attention:** Scott R. Flick

2. Contact

Scott R. Flick **Phone Number:** 202-663-8167 Name:

**Company:** Pillsbury Winthrop Shaw Pittman Fax Number:

LLP

1200 Seventeenth Street, NW E-Mail: scott.flick@pillsburylaw.com **Street:** 

City: Washington **State:** DC

**Country:** USA Zipcode: 20036

Scott R. Flick **Relationship:** Legal Counsel **Attention:** 

### RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

- 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).
- 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

SESRWL2003120201764

2003-12-08 00:00:00.0

(c)Call Sign E6537

(d)Location Rochester, NY

(e)Nature of Service Domestic Fixed	(f)Class of Station Receive Only Earth Station (CGO)				
(g)Expiration Date 2018–12–09 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 sir	nce 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 t	to render the Station not operational?	o ⊛ 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 orgapplicant's relation to the station, or financial responsibility; that application identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number SES-ASG-20121207-01090 Date 12/07/2012	cants most recent application or report embodying this is	nformati	on, 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:		
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 pursuant 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:		
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> </ul>		
Corporation Governmental Entity Other (please specify) Limited Liability Company		

## 12. Please supply any need attachments.

1:	2:		3:			
CERTIFICATION						
13. Typed Name of Person Signing Stephen P. Mumblow		14. Title of Person Signing President of Licensee's Sole Member				
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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