## 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: Frost Sat Registration

1. Applicant

Name: Pocahontas Communications

**Phone Number:** 

3047996004

Cooperative Corp

Fax Number:

3047997444

Street:

**DBA Name:** 

9836 Browns Creek Road

E-Mail:

richard@amrmail.org

City:

Dunmore

State:

WV

**Country:** 

USA

Zipcode:

24934

**Attention:** 

Richard Hise

2. Contact						
	Name:	Chuck Niday	Phone Nu	<b>mber:</b> 3047996004		
	Company:	Pocahontas Comms Coop Corp	Fax Num	<b>oer:</b> 3047997444		
	Street:	9836 Browns Creek Road	E–Mail:	chuck@amrmail.org		
	City:	Dunmore	State:	WV		
	<b>Country:</b>	USA	Zipcode:	24934 – 90	61	
	Attention:		Relations	nip:		
RENEWA	L INFORM	ATION				
3. Rulepart	t under which	this filing is made Rulepart 25				
		h this application?	1	6 6 4 4 AT CERTS 4 1	444	
-				on for fee exemption (see 47 C.F.R.Section 1	.1114).	
•	nmental Entit	•	onal licensee			
Other(	please explain	n):				
5. Application is for renewal of license in exact conformity with the existing license as specified below:						
` /	(a)File Number			(b)Date Issued		
SESREC	SESREG2003121001802			2004–12–02 00:00:00.0		
	(c)Call Sign			(d)Location		
	E030346			Dunmore, Pocahontas, WV		
` '	(e)Nature of Service			(f)Class of Station  Respire Only Forth Station (CCO)		
Domestic Fixed Satellite				Receive Only Earth Station (CGO)		

(g)Expiration Date 2018–12–10 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:  No changes since initial construction	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 owith, 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 orga applicant's relation to the station, or financial responsibility; that applica 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 SESREG2003121001802 Date 01/20/2004	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?	000	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).	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				
O Unincorporated Association				
O Partnership				
© Corporation				
O Governmental Entity				
Other (please specify)				

## 12. Please supply any need attachments.

1:	2:		3:						
CERTIFICATION									
13. Typed Name of Person Signing Charles D. Niday		14. Title of Person Signing Chief Engineer							
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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