## 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 E040218

1. Applicant

Name:

BFI Licenses, LLC **Phone Number:** 404–876–7149

DBA Name: Fax Number:

Street: 3845 Pleasantdale Rd E–Mail: jlaprise@encompass.tv

City: Atlanta State: GA

Country: USA Zipcode: 30340 -

**Attention:** Mr Jay LaPrise

2. Contact										
N	ame:	David S. Keir	Phone Number:	202-429-8970						
Company:		Lerman Senter PLLC	Fax Number:							
St	treet:	2001 L Street, NW	E-Mail:	dkeir@lermansenter.com						
		Suite 400								
C	ity:	Washington	State:	DC						
Country:		USA	Zipcode:	20036 –						
A	ttention:	David Keir	Relationship:	Legal Counsel						
RENEWAL	INFORM	ATION								
3. Rulepart u	nder which	this filing is made Rulepart	25							
		h this application?								
_				ption (see 47 C.F.R.Section 1.1114).						
Governm	Governmental Entity Noncommercial educational licensee									
Other(please explain):										
5. Application existing licen			ormity with the							
(a)File Numb	(a)File Number (b)Date Issued									

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC2004050500647	2004–06–16 00:00:00.0
(c)Call Sign	(d)Location
E040218	Various
(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2019–06–16 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 l	ast			
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 SES-T/C-20111213-01451 Date 02/10/2012	ants most recent application or report embodying this information, as	e			

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).	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:					
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify) LLC</li> </ul>					

## 12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Jay LaPrise		14. Title of Person Signing Senior VP, Global Transmission Operations						
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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