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: E050086 – Transmit Only Renewal

1. Applicant

Name: Nexstar Broadcasting, Inc. **Phone Number:** 972–373–8800

DBA Name: Fax Number: 972–373–8888

Street: 545 E. John Carpenter Frwy E–Mail: eryder@nexstar.tv

Suite 700

City: Irving State: TX

Country: USA Zipcode: 75062 -

Attention: Elizabeth Ryder

Name:	Nexstar Broadcasting, Inc.	Phone Number:	972–373–8800
Company:		Fax Number:	972–373–8888
Street:	545 E. John Carpenter Frwy	E-Mail:	eryder@nexstar.tv
	Suite 700		
City:	Irving	State:	TX
Country:	USA	Zipcode:	75062 –
Attention:	Elizabeth Ryder	Relationship:	Legal Counsel
Rulepart under which	h this filing is made Rulepart 25		
Is a fee submitted with		indicate reason for foe ever	ption (see 47 C.F.R.Section 1.1114).
			puon (see 47 C.F.R.Section 1.1114).
Governmental Enti		utonal needsee	
Other(please expla			

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC2005033100378	2005–05–09 00:00:00.0
(c)Call Sign	(d)Location
E050086	VARIOUS
(e)Nature of Service Domestic FSS	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2020–05–09 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: NONE	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? Yes No N/A
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a c 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 orga 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 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? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not: No changes to station since license grant and no change/impact to wilderness area, wildlife preserve or historical sites.	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							
Unincorporated Association							
Partnership							
© Corporation							
Governmental Entity							
Other (please specify)							
12. Please supply any need attachments.							
1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Elizabeth Ryder		14. Title of Person Signing General Counsel					
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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