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: 2020 E950495 Renewal

1. Applicant

Phone Number: Name: Gray Television Licensee, LLC

404-504-9828

DBA Name:

Fax Number:

Street: 4370 Peachtree Road, NE E-Mail:

Robert.Folliard@gray.tv

City:

Atlanta

State:

Zipcode:

GA

30319

Country: Attention: USA

Robert Folliard III

2. Contact					
Name:	Name: Joan Stewart Phone		202-719-7438		
Company:	Wiley Rein LLP	Fax Number:			
Street:	1776 K Street, NW	E–Mail:	jstewart@wiley.law		
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20006 –		
Attention:	Joan Stewart	Relationship:	Legal Counsel		
Is a fee submitted w If Yes, complete ar Governmental Ent	ad attach FCC Form 159. I	•	ption (see 47 C.F.R.Section 1.1114).		
Other(please expla	•	ducational necesses			
5. Application is for reexisting license as spec		nformity with the			
a)File Number SESRWL200510240	File Number SESRWL2005102401462		(b)Date Issued 2005–11–03 00:00:00.0		
c)Call Sign E950495		(d)Location Baton Rouge	(d)Location Baton Rouge, LA		

(f)Class of Station
Fixed Satellite Transmit/Receive Earth Station (CGX)

(e)Nature of Service

Domestic Fixed Satellite Service

(g)Expiration Date 2020–11–09 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 since the	e 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 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 applic 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-20190204-00064 Date 02/26/2019	ants most recent application or report embodying this information, as	S		

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:	○ ◎	Yes No N/A			
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					
Unincorporated Association					
O Partnership					
• Corporation					
Governmental Entity					
Other (please specify) LLC					

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Robert J. Folliard III		14. Title of Person Signing Assistant Secretary						
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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