## 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 E060398

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				
Name:	David Keir	Phone Number:	202-429-8970	

Company: Lerman Senter PLLC Fax Number:

Street: 2001 L Street, NW E-Mail: dkeir@lermansenter.com

Suite 400

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: David Keir Relationship: Legal Counsel

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. ]	4. Is a fee submitted with this application?			
0	If Yes, complete and attach FCC For	orm 159.	If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
0	Governmental Entity Non-	ncommercial	educational licensee	
0	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
SESLIC2006103001926	2006–12–11 00:00:00.0
(c)Call Sign	(d)Location
E060398	Atlanta, GA
(e)Nature of Service Fixed	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2021–12–11 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 sin	ice 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	o 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 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 org 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-20111213-01451 Date 02/10/2012	ants most recent application or report embodying this information	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?  If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:  If NO, Explain briefly why not: No change	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		
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 Jay LaPrise		14. Title of Person Signing Vice President, Transmission Engineering & Ops, NA		
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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