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 E990293

1. Applicant

Name: SPACENET SERVICES Phone Number: 703–848–1000

LICENSE SUB, INC.

DBA Name: Fax Number: 703–848–1184

Street: 1750 OLD MEADOW ROAD **E-Mail:** lesley.cooper@spacenet.com

City: MCLEAN State: VA

Country: USA Zipcode: 22102 -

Attention: Lesley Cooper

2. Contact					
Name:	Lesley Cooper	Phone Number:	703-848-1188		
Company:	Spacenet Services License Sub, Inc.	Fax Number:	703-848-1184		
Street:	1750 Old Meadow Road	E–Mail:	lesley.cooper@spacenet.com		
City:	McLean	State:	VA		
Country:	USA	Zipcode:	22102 –		
Attention:	Lesley Cooper	Relationship:	Legal Counsel		
4. Is a fee submitted wi If Yes, complete an Governmental Enti Other(please explain	th this application? d attach FCC Form 159. If No, i		e exemption (see 47 C.F.R.Section 1.1114).		
5. Application is for rerexisting license as spec		ty with the			
(a)File Number SESMOD2008092901257		` '	(b)Date Issued 2008–11–18 00:00:00.0		
(c)Call Sign E990293			(d)Location CONUS,AK,HI,PR,VI		

(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)									
(g)Expiration Date 2010–06–23 00:00:00.0	Petition to reinstate:									
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed:										
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 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 SES-MOD-20080929-01257Date 09/29/2008	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:	000	Yes No N/A
If NO, Explain briefly why not: The renewal of the antennas which are the subject of this application does not fall within the scope of actions that may have a significant environmental effect for which EAs must be prepared, as described in 47 CFR 1.1307.		
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:

0	Individual									
0	Unincorporated Association									
0	Partnership									
•	Corporation									
0	Governmental Entity									
0	Other (please specify)									
12. Please supply any need attachments.										
1:		2:		3:						
CERTIFICATION										
13. Typed Name of Person Signing Lesley Cooper			14. Title of Person Signing Senior 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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