#### 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: E030260 Renewal

1. Applicant

Name: Utah State University of Phone Number: 435–797–3162

Agricultural and Applied Science

**DBA Name:** Fax Number: 435–797–3150

Street: 8505 Old Main Hill E–Mail: friend.weller@usu.edu

City: Logan State: UT

**Country:** USA **Zipcode:** 84322 – 8505

**Attention:** Friend Weller

2. Contact			

**Name:** Barry S. Persh **Phone Number:** 202–776–2458

**Company:** Gray Miller Persh **Fax Number:** 

Street: 1200 New Hampshire Ave., NW E–Mail: bpersh@graymillerpersh.com

Suite 410

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Relationship: Legal Counsel

## RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

If Voc. complete and attach ECC Form 150	If No indicate reason for fee exemption (see 47 C FD Section )
4. Is a fee submitted with this application?	

- Governmental EntityOther(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
SESREG2003102801516	2003–12–24 00:00:00.0
(c)Call Sign	(d)Location
E030260	Logan, UT
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2018–10–28 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 las	
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 0000046277  Date 03/01/2018	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 environmen impact?	tal O	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: Renewal only – no technical changes			
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 application, 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).	ant (e.	Yes No	
a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regular 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.	iory		
11. Designate Appropriate Classification:			
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> </ul>			
Governmental Entity			
Other (please specify)			

#### 12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing David T. Cowley  14. Title of Person Signing Vice President for Business & Finance				
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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