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: E7587 R/O 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

2. Contact						
N	Name:	Nexstar Broadcasting, Inc.	Phone Nu	mber:	972–373–8800	
C	Company:		Fax Number:	ber:	972–373–8888	
S	Street:	545 E. John Carpenter Frwy	E-Mail:		eryder@nexstar.tv	
		Suite 700				
C	City:	Irving	State:		TX	
C	Country:	USA	Zipcode:		75062 –	
A	Attention:	Elizabeth Ryder	Relations	hip:	Legal Counsel	
RENEWAL	INFORM	ATION				
3. Rulepart u	ınder which	this filing is made Rulepart 25				
		n this application? attach FCC Form 159. If No,	indicate reas	on for foo overn	tion (see 47 C.F.R.Section 1.1114).	
	nental Entity			-	don (see 47 C.F.R.section 1.1114).	
-	lease explair	T	itional neensee			
		1 (1)	24 4	1		
5. Application		ewal of license in exact conformated below:	nity with the			
· /	a)File Number SESRWL2004081201128			(b)Date Issued		
SESKWL	2004081201	128	2004-08-24 00:00:00.0			

(d)Location Green Bay, WI

(f)Class of Station Receive Only Earth Station (CGO)

(c)Call Sign E7587

(e)Nature of Service Domestic FSS

(g)Expiration Date 2019–08–31 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 la	ist		
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 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 SESTC2015062300426 Date 08/20/2015		;		

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 since originally licensed and no impact on wilderness area/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).		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:

_ , , , ,									
j Individual									
Unincorporated Association									
O Partnership	Partnership								
Corporation	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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