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: E040315 Renewal

1. Applicant

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

Agricultural and Applied Science

DBA Name: Fax Number:

Street: 8505 Old Main Hill E–Mail: Friend.Weller@usu.edu

City: Logan State: UT

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

Attention: Friend Weller, Chief Engineer

2. Contact			

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

Street: 2233 Wisconsin Ave., NW E–Mail: bpersh@graymillerpersh.com

Phone Number:

202-776-2458

Suite 226

Barry S. Persh

City: Washington State: DC

Country: USA Zipcode: 20007 -

Attention: Relationship: Legal Counsel

RENEWAL INFORMATION

Name:

3. Rulepart under which this filing is made Rulepart 25

1 I	s a fee submitted with this a	annlication?	
			If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
O	If Yes, complete and attach	I FCC FOIII 139.	if No, indicate reason for fee exemption (see 47 C.F.K.Section 1.1114).
0	Governmental Entity	 Noncommercia 	l educational licensee
Ō	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
SESLIC2004072301038	2004–09–07 00:00:00.0
(c)Call Sign	(d)Location
E040315	Logan, UT
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2019–09–07 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: None	a type of emission or of a transmitter which have been made since th	ne 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 t	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 th here any further exceptions, not already covered in question 6 or 7. File Number 0000046277 Date 03/01/2018	eants 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?	000	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				
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).	<!--</td--><td>Yes No</td>	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:				
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 				

12. Please supply any need attachments.

1:	2:		3:		
CERTIFICATION					
• • •			4. Title of Person Signing Vice President for Business and 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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