# 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: RADIO LICENSE RENEWAL PETITION

1. Applicant	1. Applicant				
Name	Gridley Cable, Inc.	Phone Number:	309-747-2221		
DBA I	Name:	Fax Number:	309-747-2800		
Street	: 108 E. Third Stree	t <b>E–Mail:</b>	hflesher@gridtel.com		
	Post Office Box 24	7			
City:	Gridley	State:	IL		
Count	ry: USA	Zipcode:	61744 –		
Attent	tion: Herbert Flesher				

ntact			
Name:	Gridley Cable, Inc.	Phone Number:	309-747-2221
<b>Company:</b>		Fax Number:	309-747-2800
Street:	108 E. Third Street	E-Mail:	hflesher@gridtel.com
	Post Office Box 247		
City:	Gridley	State:	IL
<b>Country:</b>	USA	Zipcode:	61744 –
Attention:		<b>Relationship:</b>	

# **RENEWAL INFORMATION**

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Governmental Entity
Noncommercial educational licensee
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
SESREG2005082601182	2005–10–03 00:00:00.0
(c)Call Sign	(d)Location
E050250	502 Eastern Drive, Gridley IL, 61744
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite Service	Receive Only Earth Station (CGO)

(g)Expiration Date 2020–08–23 00:00:00.0	Petition to reinstate: Petition 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 las 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?	<ul> <li>Yes</li> <li>No</li> <li>N/A</li> </ul>
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	<ul> <li>Yes</li> <li>No</li> <li>N/A</li> </ul>
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodies identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SES–REG–20050826–01182Date 10/03/2005	dying 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?	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: Reinstatement of registration		
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 & quotinarty & quot, for these purposes, see 47 CEP, 1 2002(b)	@ 0	Yes No
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.		
11. Designate Appropriate Classification:		

- Individual
- Unincorporated Association
- Partnership
- Corporation
- Governmental Entity
- O Other (please specify)

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

1:	2:		3:
CERTIFICATION			
13. Typed Name of Person Signing Herbert L. Flesher14. Title of Person Signing Vice President/General Manager			
<ul> <li>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).</li> </ul>			

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