## 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 E060049 (WENY)

1. Applicant

Name: Lilly Broadcasting, LLC **Phone Number:** 508–651–4994

DBA Name: Fax Number:

Street: 2 East Leigh Lane E–Mail: kevin@lillytv.com

City: Natick State: MA

Country: USA Zipcode: 01760 -

**Attention:** Kevin T Lilly

Contact				
Nam	e: D	avid D. Burns	Phone Number:	202-416-6752
Com	pany: Le	erman Senter PLLC	Fax Number:	
Stree	et: 20	001 L Street, NW, Suite 400	E–Mail:	dburns@lermansenter.com
City	: W	ashington	State:	DC
Cour	ntry: U	SA	Zipcode:	20036 –
Atte	ntion: D	avid Burns	Relationship:	Legal Counsel
. Rulepart unde	er which this	filing is made Rulepart 25		
. Is a fee submi			indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).
Governmen	tal Entity	<ul> <li>Noncommercial educat</li> </ul>	tional licensee	
Other(please	e explain):			
. Application is	for renewal	of license in exact conform	ity with the	

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESREG2006022000270	2006–04–03 00:00:00.0
(c)Call Sign	(d)Location
E060049	HORSEHEADS, TOMPKINS, NY
(e)Nature of Service Fixed	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2021–02–20 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 the 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	•	<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 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 Date	cants most recent application or report embodying this inform	ation, 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: No 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	•	Yes
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).	0	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:		
O Individual		
O Unincorporated Association		
O Partnership		
○ Corporation		
Governmental Entity		
Other (please specify) LLC		

## 12. Please supply any need attachments.

1:	2:		3:						
CERTIFICATION									
13. Typed Name of Person Signing Kevin Lilly		14. Title of Person Signing Manager of Sole Member							
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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