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:

Alascom Renewal Earth Stations LIcense E2304

1. Applicant

Alascom, Inc.

Phone Number:

202-457-2030

DBA Name:

Fax Number:

214-486-8185

Street:

Name:

1120 20th Street, NW

E-Mail:

ola.oyefusi@att.com

Suite 1000

City:

Washington

State:

DC

Country:

USA

Zipcode:

20036

Attention:

Mr Ola Oyefusi

2. Contact					
Name:	Scott Wood	Phone Number:	907–264–7869		
Compar	ny: Alascom, Inc.	Fax Number:			
Street:	505 E. Bluff Drive	E-Mail:	sw8213@exo.att.com		
	Room MP288				
City:	Anchorage	State:	AK		
Country	y: USA	Zipcode:	99501 –		
Attentio	on: Scott Wood	Relationship:	Engineer		
RENEWAL INFO 3. Rulepart under w	PRMATION which this filing is made Rulep	art 25			
4 T C 1 100	1 '1 1' 1' 1' 0				
	I with this application? e and attach FCC Form 159.	If No. indicate reason for fee exem	aption (see 47 C.F.R.Section 1.1114).		
Governmental I		educational licensee	,		
Other(please ex					
<u>-</u>					
5. Application is for existing license as s		onformity with the			
(a)File Number		(h)Deta Issued	(b)Date Issued 2018–02–21 00:00:00.0		

existing license as specified below:		
(a)File Number	(b)Date Issued	
SESMOD2018010800012	2018–02–21 00:00:00.0	
(c)Call Sign	(d)Location	
E2304	Shaktoolik, AK	
(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)	

(g)Expiration Date 2021–11–21 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	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 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 orgapplicant's relation to the station, or financial responsibility; that applicate 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 Date	ants most recent application or report embodying this information, as	ıe

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:		
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).	0	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:		
O Individual		
O Unincorporated Association		
O Partnership		
© Corporation		
O Governmental Entity		
Other (please specify)		

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Teresa Jackson		14. Title of Person Signing AVP – Network Services						
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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