FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

$APPLICANT\ INFO\overline{RMATION} \textbf{Enter a description of this application to identify it on the main menu:}$

Wasilla-2 renewal

1. Applicant

GUSA Licensee LLC

Phone Number:

985-335-1503

DBA Name:

Fax Number:

985-335-1703

Street:

Name:

1351 Holiday Square Blvd.

E-Mail:

Barbee.Ponder@Globalstar.com

City:

Covington

State:

LA

Country:

USA

Zipcode:

70433

Attention:

Mr L. Barbee Ponder IV

2. Contact				
Name:	Name: Wen Doong Phone		985-335-1675	
Company:	Globalstar, Inc.	Fax Number:		
Street:	1351 Holiday Square Blvd.	E–Mail:	Wen.Doong@Globalstar.com	
City:	Covington	State:	LA	
Country:	USA	Zipcode:	70433 –	
Attention:		Relationship:	Engineer	
Is a fee submitted with If Yes, complete and Governmental Entity Other(please explain	d attach FCC Form 159. If Note by Noncommercial educ		nption (see 47 C.F.R.Section 1.1114).	
5. Application is for renexisting license as speci		mity with the		
a)File Number SESMFS2010110801	1414	` '	(b)Date Issued 2011–06–07 00:00:00.0	
c)Call Sign (d)Location E050346 Wasilla, AK				

(f)Class of Station

Fixed Satellite Transmit/Receive Earth Station (CGX)

(e)Nature of Service

Mobile satellite service

(g)Expiration Date 2022-01-04 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed: GUSA Licensee LLC is currently transmitting with increased EIRP using E050346, pursuant to an STA granted on October 15, 2020. See Exhibit 1	g a second–generation feeder link earth station			
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?				
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there a owith, or leasing arrangement with a cable television company?		Yes No N/A		
8. Applicant represents that there has been no change in applicant's orga 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 SES-MFS-20101108-01414 Date 11/08/2010	ants most recent application or report embodyi	ing this information	on, as	

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0	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:				
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) LLC 				

12. Please supply any need attachments.

1: Exhibit 1	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing L. Barbee Ponder IV		14. Title of Person Signing General Counsel and VP – Regulatory Affairs					
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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