

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
KH93 Kennett, MO

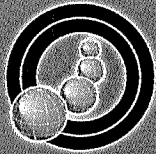
1. Applicant

Name:	Telecommunications Management, LLC	Phone Number:	573-472-9500
DBA Name:		Fax Number:	573-481-9809
Street:	One Montgomery Plaza, 4th floor	E-Mail:	
City:	Sikeston	State:	MO
Country:	USA	Zipcode:	63801
Attention:	J. Keith Davidson		

30 day petition to reinstate (RENEWAL)



30 day
File # SES-STA-20110830-01007
Call Sign KH93 Grant Date 09/06/2011
(or other identifier)
Term Dates
From 09/06/2011 To 10/05/2011
Approved: *[Signature]*



NEW WAVE[™]
COMMUNICATIONS

One Montgomery Plaza - Fourth Floor • Sikeston, MO 63801 • 573-472-9500 • (fax) 573-481-9809

August 29, 2011

RE: Reinstate and renewal request for the license for Call Sign: KH93 in Kennett, MO

Telecommunications Management, LLC d/b/a NewWave Communications purchased the cable system in Kennett, MO on 6/1/10 and was not aware that the license for KH93 was due to expire the next year on 8/14/11. We are requesting the license be reinstated and renewed at this time.

2. Contact

Name:	Candi Chappell	Phone Number:	573-481-2411
Company:	Telecommunications Management, LLC	Fax Number:	573-481-9809
Street:	One Montgomery Plaza, 4th floor	E-Mail:	cchappell@newwavcom.com
City:	Sikeston	State:	MO
Country:	USA	Zipcode:	63801 -
Attention:	Candi Chappell	Relationship:	Other

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number or Submission ID

4a. 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):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

08/15/2011

7. City/Kennett	8. Latitude (dd mm ss.s h) 36 13 40.0 N
9. State MO	10. Longitude (dd mm ss.s h) 90 3 47.0 W
11. Please supply any need attachments. Attachment 1: Attachment 2: Attachment 3:	
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) KH93 license expired. Petition to reinstat is being filed.	
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application"; for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing J. Keith Davidson	15. Title of Person Signing Chief Financial Officer
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).	

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