

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

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
renewal of domestic earth station, receive only

1. Applicant

|                   |                                  |                      |                         |
|-------------------|----------------------------------|----------------------|-------------------------|
| <b>Name:</b>      | St Marys Hospital Medical Center | <b>Phone Number:</b> | 608-251-6100 x6714      |
| <b>DBA Name:</b>  |                                  | <b>Fax Number:</b>   | 608-258-6898            |
| <b>Street:</b>    | 707 So Mills Street              | <b>E-Mail:</b>       | bridget_white@ssmhc.com |
| <b>City:</b>      | Madison                          | <b>State:</b>        | WI                      |
| <b>Country:</b>   | USA                              | <b>Zipcode:</b>      | 53715 - 1849            |
| <b>Attention:</b> | Bridget White                    |                      |                         |

## 2. Contact

|                       |                                  |                      |                         |
|-----------------------|----------------------------------|----------------------|-------------------------|
| <b>Name:</b>          | Bridget White                    | <b>Phone Number:</b> | 608 251 6100            |
| <b>Company:</b>       | St Marys Hospital Medical Center | <b>Fax Number:</b>   | 608 258 6898            |
| <b>Street:</b>        | 707 So Mills Street              | <b>E-Mail:</b>       | bridget_white@ssmhc.com |
| <b>City:</b>          | Madison                          | <b>State:</b>        | WI                      |
| <b>Country:</b>       | USA                              | <b>Zipcode:</b>      | 53715 – 1893            |
| <b>Contact Title:</b> | Contract Manager                 | <b>Relationship:</b> | Same                    |

## 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<br>SESRWL1994042901442 | (b)Date Issued<br>1994-06-17 00:00:00.0 |
| (c)Call Sign<br>E7237                 | (d)Location<br>Madison, WI              |

|                                                                                                                                                                                                 |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (e) Nature of Service<br>domestic, fixed earth station                                                                                                                                          | (f) Class of Station<br>Receive Only Earth Station (CGO) |
| (g) Expiration Date<br>2004-06-17 00:00:00.0                                                                                                                                                    | Petition to 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 last application covering this station was filed: |                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Items 7(a) and (b) apply to Part 21 licenses only.</p> <p>7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?</p> <p style="text-align: right;"> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No<br/> <input type="radio"/> N/A         </p> <p>If YES when:</p>                                                                                                                                                                                                                                          |  |
| <p>(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?</p> <p style="text-align: right;"> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No<br/> <input type="radio"/> N/A         </p>                                                                                                                                                                                                                                                |  |
| <p>8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7.</p> <p>File Number SESRWL1994042901442 Date 06/17/1994</p> |  |

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?

- ☐ 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).

- ☒ 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) Hospital, non-profit entity

12. Please supply any need attachments.

|    |    |    |
|----|----|----|
| 1: | 2: | 3: |
|----|----|----|

**CERTIFICATION**

|                                                                                                                                                                                                                                                                                   |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 13. Typed Name of Person Signing<br>Bridget White                                                                                                                                                                                                                                 | 14. Title of Person Signing<br>Contract Manager |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). |                                                 |

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

The public reporting for this collection of information is estimated to average 2.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [jboley@fcc.gov](mailto:jboley@fcc.gov). PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0678.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**