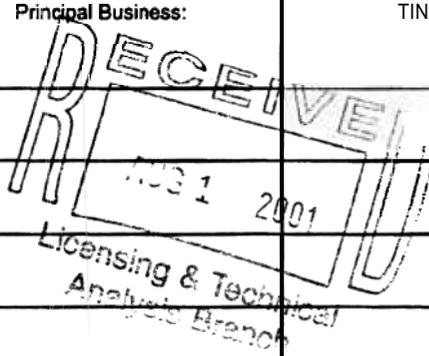


Applicant/Licensee Information

1) First Name (if individual):	MI:	Last Name:	suffix:
2) Applicant Name (if entity): Salt River Project Agricultural Improvement & Power District (dba SRP)			3) Applicant TIN: 

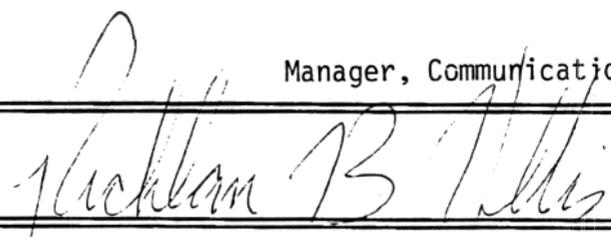
Related FCC Regulated Businesses of Applicant/Licensee

4a) Name and address of all FCC Regulated Businesses owned by Applicant/Licensee (use additional sheets, if necessary):	4b) Principal Business:	4c) TIN:	4d) Percent of Interest Held:



Signature

5) Typed or Printed Name of Party Authorized to Sign

First Name: Ricklan	MI: B	Last Name: Hillis	suffix:
Title: Manager, Communications Engineering			
Signature: 			Date: 7/25/2001
Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

