Date & Time Filed: Jun 4 2014 3:06:46:003PM File Number: SES-ASG-INTR2014-01034

APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS FOR	FCC Use Only
TRANSFER OF CONTROL OR ASSIGNMENTFCC 312 MAIN FORM FOR OFFICIAL USE	
ONLY	

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: II.5 Pro Forma AA of Comcast of New Mexico, Inc.

Name:	Comcast of New Mexico, LLC	Phone Number:	(215)286–1700
DBA Name:		Fax Number:	(215)286–1022
Street:	One Comcast Center	E-Mail:	sheila_smith@cable.comcast.com
	1701 John F. Kennedy Boulevard		
City:	Philadelphia	State:	PA
Country:	USA	Zipcode:	19103 –2838
Attention:	Sheila Smith		

9–16. Na	ame of Contact	Representative		
	Name:	Michael G. Jones	Phone Number:	(202)303-1141
	Company:	Willkie Farr & Gallagher LLP	Fax Number:	(202)303–2141
	Street:	1875 K Street, N.W.	E–Mail:	mjones@willkie.com
	City:	Washington	State:	DC
	Country:	USA	Zipcode:	20006-
	Attention:		Relationship:	Legal Counsel

CLASSIFICATION OF FILING

17. Choose the button next to the	
classification that applies to this filing for	(N/A) b1. Application for License of New Station
both questions a. and b. Choose only one	(N/A) b2. Application for Registration of New Domestic Receive–Only Station
for 17a and only one for 17b.	(N/A) b3. Amendment to a Pending Application
	(N/A) b4. Modification of License or Registration
● a1. Earth Station	
• a2. Space Station	• b6. Transfer of Control of License or Registration
	(N/A) b7. Notification of Minor Modification
	(N/A) b8. Application for License of New Receive–Only Station Using Non–U.S. Licensed
	Satellite
	(N/A) b9. Letter of Intent to Use Non–U.S. Licensed Satellite to Provide Service in the United
	States
	(N/A) b10. Other (Please specify)

17c. Is a fee submitted with this application of the submitted with this application. If Yes, complete and attach FCC Form		n for fee exemption (se	ee 47 C.F.R.Section 1.1114).
 Governmental Entity Other(please explain): 	rcial educational licensee		
17d.			
Fee Classification A CNO – Receive Only	Earth Station	Quantity 1 (First Station)	
Fee Classification B CFO – Receive O	nly Earth Station	Quantity 3 (Each Additional St	ation)
18. If this filing is in reference to an existing station, enter:(a) Call sign of station: Not Applicable	19. If this filing is an amer(a) Date pending applicationNot Applicable		pplication enter: (b) File number of pending application: Not Applicable

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all that apply:
a. Fixed Satellite
b. Mobile Satellite
c. Radiodetermination Satellite
d. Earth Exploration Satellite
e. Direct to Home Fixed Satellite
f. Digital Audio Radio Service
g. Other (please specify)
21. STATUS: Choose the button next to the applicable status. Choose 22. If earth station applicant, check all that apply.
only one. Using U.S. licensed satellites
Common Carrier Non–Common Carrier Using Non–U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Choose one. Are these facilities:
○ Connected to a Public Switched Network ○ Not connected to a Public Switched Network ○ N/A
24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).
■ a. C–Band (4/6 GHz) b. Ku–Band (12/14 GHz)
c.Other (Please specify upper and lower frequencies in MHz.)
Frequency Lower: Frequency Upper:

TYPE OF STATION

25. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.
a. Fixed Earth Station
b. Temporary–Fixed Earth Station
c. 12/14 GHz VSAT Network
d. Mobile Earth Station
e. Geostationary Space Station
f. Non–Geostationary Space Station
g. Other (please specify)

26. TYPE OF EARTH STATION FACILITY: Choose only one.

Transmit/Receive
Transmit–Only
Receive–Only
N/A

PURPOSE OF MODIFICATION

27. The purpose of this proposed modification is to: (Place an "X" in the box(es) next to all that apply.)

Not Applicable

ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.

ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronautical en route or aeronautical fixed radio station services are not required to respond to Items 30–34.

29. Is the applicant a foreign government or the representative of any foreign government?	O Yes ● No		
30. Is the applicant an alien or the representative of an alien?	O Yes ● N/A	O No	
31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes ● N/A	O No	
32. Is the applicant a corporation of which more than one–fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes ● N/A	O No	

33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than	I	O Y
one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign		
government or representative thereof or by any corporation organized under the laws of a foreign country?	O	N/A

34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.

BASIC QUALIFICATIONS

35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	O Yes	No
36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	No
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	No

O Yes

O No

38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attemptiing unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances	• Yes	No No Second
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	O Yes	No
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		
41. 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.	• Yes	O No
42a. Does the applicant intend to use a non–U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.	O Yes	le No

42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

See Exhibit F

CERTIFICATION

The 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 an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Choose the butto	on next to applicable respons	se.)		
O Individual				
• Unincorporated Association				
• Partnership				
• Corporation				
• Governmental Entity				
Other (please specify)				
-				
45. Name of Person Signing		46. Title of Person	Signing	
Lynn R. Charytan		Sr. VP, Legal Regu	latory Affairs	
		•		
47. Please supply any need attachments.				
Attachment 1:	Attachment 2:		Attachment 3:	
	I			
WILLFUL FALSE STATEM	ENTS MADE ON THIS FO	ORM ARE PUNISHABL	E BY FINE AND / OR IMPRISON	IMENT
			NY STATION AUTHORIZATION	
(U.S. Code, Title	47, Section 312(a)(1)), AND	OVOR FORFEITURE (U.	S. Code, Title 47, Section 503).	

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule A FOR OFFICIAL USE ONLY

Select one of the following					
O CONSENT TO TRANSFER (OF CONTROL	O CONSENT	TO ASSIGNMENT OF LICENSE		
• NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION		O NOTIFI	CATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION		
A1. Name of Licensee (as shown o	n FCC 312 – Main Form)				
Name:	Comcast of New Mexico, LLC	Phone Number:	(215)286–1700		
DBA Name:		Fax Number:	(215)286–1022		
Street:	One Comcast Center	E-Mail:	sheila_smith@cable.comcast.com		
	1701 John F. Kennedy Boulevard				
City:	Philadelphia	State:	PA		
Country:	USA	Zipcode:	19103 -2838		
Attention:	Sheila Smith				

A8. List Callsign(s) of station(s) being assigned or transfered

Callsign:	Callsign: E8918	Callsign: E8529	Callsign: KH33	Callsign:	Callsign: E8918	Callsign: E8529	Callsign: KH33
E990538				E990538			

A9. No. of station(s) listed 4

A10. Name of Transferor/ Assignor						
Name:	Comcast of New Mexico, Inc.	Phone Number:	(215)286–1700			
Compan	y:	Fax Number:	(215)286–1022			
Street:	One Comcast Center	E-Mail:	sheila_smith@cable.comcast.com			
	1701 John F. Kennedy Boulevard					
City:	Philadelphia	State:	PA			
Country	: USA	Zipcode:	19103 -2838			
Attention	n: Sheila Smith	Relationship:				

A15. Name of Trai	nsferee/ Assignee	;				
	Name:	Comcast of New Mexico, LLC	Phone Number:	(215)286–1700		
	DBA Name:		Fax Number:	(215)286–1022		
Street:		One Comcast Center	E-Mail:	sheila_smith@cable.comcast.com		
	1701 John F. Kennedy Boulevard					
	City:	Philadelphia	State:	PA		
	Country:	USA	Zipcode:	19103 -2838		
	Attention:	Sheila Smith				
A20. If these facilities are licensed, is the transferee / assignee directly or indirectly controlled by any other entity? If yes, attach as Exhibit E, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary busienss of the controlling entity and any intermediate subsidiaries or parties, and (2) the names, addresses, citizenshihp, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.						
A21. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.						

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinenet to Schedule A and all statement made in Schedule *A* of this application are true, compete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.

2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

A22. Printed Name of Licensee (Must agree with A1) Comcast of New Mexico, LLC	A24. Title (Office Held by Person Signing) Lynn R. Charytan, Sr. VP, Legal Regulatory Affairs
A26. Printed Name of License Transferor / Assignor (Must agree with A10) Comcast of New Mexico, Inc.	A28. Title (Office Held by Person Signing) Lynn R. Charytan, Sr. VP, Legal Regulatory Affairs
A26. Printed Name of License Transferee / Assignee (Must agree with A15) Comcast of New Mexico, LLC	A28. Title (Office Held by Person Signing) Lynn R. Charytan, Sr. VP, Legal Regulatory Affairs

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