Approved by OMB
3060−0678

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

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:
III.32 AA of Comcast of Indiana/Kentucky/Utah

1−8. Legal Name of Applicant

Name:	Comcast of Indianapolis, L.P.	**Phone Number:**	(202)303−1141
DBA Name:		**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:	Michael G. Jones		

9−16. Name of Contact Representative

Name:	Michael G. Jones	**Phone Number:**	(202)303−1141
Company:		**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:**	

CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.	(N/A) b1. Application for License of New Station (N/A) b2. Application for Registration of New Domestic Receive−Only Station (N/A) b3. Amendment to a Pending Application (N/A) b4. Modification of License or Registration
◉ a1. Earth Station	◉ b5. Assignment of License or Registration
○ 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?

◉ 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):

17d.

Fee Classification A	CNO − Receive Only Earth Station	Quantity 1 (First Station)
Fee Classification B	CFO − Receive Only Earth Station	Quantity 2 (Each Additional Station)

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 amendment to a pending application enter:

(a) Date pending application was filed:
Not Applicable

(b) File number of pending application:
Not Applicable

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

Select one of the following

○ CONSENT TO TRANSFER OF CONTROL

○ CONSENT TO ASSIGNMENT OF LICENSE

○ NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION

○ NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION

A1. Name of Licensee (as shown on FCC 312 − Main Form)

Name:	Comcast of Indianapolis, L.P.	**Phone Number:**	(202)303−1141
DBA Name:		**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:	Michael G. Jones		

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

Callsign: E5525	**Callsign:** E940406	**Callsign:** E6291	**Callsign:**	**Callsign:**	**Callsign:**	**Callsign:**	**Callsign:**

A9. No. of station(s) listed
3

A10. Name of Transferor/ Assignor

Name:	Comcast of Indiana/Kentucky/Utah	**Phone Number:**	(215)286−1700
Company:		**Fax Number:**	(215)286−1022
Street:	One Comcast Center 1701 John F. Kennedy Boulevard	**E−Mail:**	sheila_smith@cable.comcast.com
City:	Philadelphia	**State:**	PA
Country:	USA	**Zipcode:**	19103 −2838
Attention:	Sheila Smith	**Relationship:**	

A15. Name of Transferee/ Assignee

Name:	Comcast of Indianapolis, L.P.	**Phone Number:**	(202)303−1141
DBA Name:		**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:	Michael G. Jones		

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.	○ Yes ○ No ◉ N/A
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 Indianapolis, L.P.	A24. Title (Office Held by Person Signing) Lynn R. Charytan, Sr. VP, Legal Regulatory
A26. Printed Name of License Transferor / Assignor (Must agree with A10) Comcast of Indiana/Kentucky/Utah	A28. Title (Office Held by Person Signing) Lynn R. Charytan, Sr. VP, Legal Regulatory
A26. Printed Name of License Transferee / Assignee (Must agree with A15) Comcast of Indianapolis, L.P.	A28. Title (Office Held by Person Signing) Lynn R. Charytan, Sr. VP, Legal Regulatory

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