FORM 405 APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal of TVRO Earth Station Registration E2364

1 1 1

1. Applicant

Name:

Frontier Vision Operating Partners, **Phone Number:** 814–274–9830

L.P., Debtor-in-Possession

DBA Name: Fax Number: 814–260–3389

Street: 1 North Main Street **E–Mail:**

City: Coudersport State: PA

Country: USA **Zipcode:** 16915 – 1141

Attention: Ms Jalyn D Tezik

2. Contact										
Name:	Jalyn Tezik	Phone Numb	aber: 814–274–6426							
Company:	Adelphia Communications Corporation	Fax Number	er: 814–260–3389							
Street:	1 North Main Street	E–Mail:	jatezik@adelphia.com							
City:	Coudersport	State:	PA							
Country:	USA	Zipcode:	16915 –							
Contact Title:	FCC Technical Filing Analyst	Relationship	p: Same							
RENEWAL INFORM	RENEWAL INFORMATION									
3. Rulepart under which	this filing is made Rulepart 25									
4. Is a fee submitted with	* *	indicate reason	o for fee exemption (see 47 C FR Section 1 1114)							
Governmental Entity	Governmental Entity Noncommercial educational licensee If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).									
Other(please explain): FCC Granted Waiver of Fees Due to Company's Bankruptcy Filing										
5. Application is for renewal of license in exact conformity with the existing license as specified below:										
(a)File Number SESRWL1993032601808			(b)Date Issued 1993–06–24 00:00:00.0							
(c)Call Sign E2364		` '	(d)Location Lebanon, NH							

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2003–06–24 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	a type of emission or of a transmitter which have been n	nade sin	ice the last	
Items 7(a) and (b) apply to Part 21 licenses only.				
7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?				
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation Yes No N/A			
8. Applicant represents that there has been no change in applicant's orgapplicant's relation to the station, or financial responsibility; that applicate identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number Date	cants most recent application or report embodying this in	formati	on, as	

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:	0	Yes No N/A		
If NO, Explain briefly why not: No significant historic, aesthetic or other environmental impact.				
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).	0	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:				
O Individual				
O Unincorporated Association				
Partnership				
Corporation				
• Governmental Entity				
Other (please specify)				

12. Please supply any need attachments.

1: Request	2: Grant		3:			
CERTIFICATION						
13. Typed Name of Person Signing Andy Elson		14. Title of Person Signing Vice President of Regulatory Accounting				
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).						

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