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: E6251 La Harpe, IL Renewal

1. Applicant

Name: Insight Communications Midwest, **Phone Number:** (917)286–2300

LLC

DBA Name: Fax Number: (917)286–2301

Street: 810 7th Avenue E–Mail:

40th Floor

City: New York State: NY

Country: USA Zipcode: 10019 -

Attention: Elizabeth Grier

2. Contact												
	Name:	Elizabeth Grier	Phone Nu	mber:	(917)286–2300							
	Company:	Insight Communications Company, L.P.	Fax Numb	er:	(917)286–2301							
	Street:	810 7th Avenue	E-Mail:									
		41st Floor										
	City:	New York	State:		NY							
	Country:	USA	Zipcode:		10019 –							
	Contact Title:	Vice President of Administration	Relationship:									
RENEWAL INFORMATION												
3. Rulepar	t under which	this filing is made Rulepart 25										
		h this application?										
-				on for fee exemption	on (see 47 C.F.R.Section 1.1114).							
0.1	rnmental Entit	•	onal licensee									
Other	(please explain	1):										
5. Application is for renewal of license in exact conformity with the existing license as specified below:												
(a)File Number SESRWL1993071201164				(b)Date Issued 1993–10–01 00:00:00.0								
(c)Call Sign E6251				(d)Location La Harpe, IL								

(e)Nature of Service Television Receive Only	(f)Class of Station Receive Only Earth Station (CGO)	
(g)Expiration Date 2003–09–30 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: N/A	a type of emission or of a transmitter which have been made sin	nce 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	o render the Station not operational?	Yes
	• •	No N/A
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 orga applicant's relation to the station, or financial responsibility; that application 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 SES-ASG-20010131-00187 Date 02/07/2001	ants most recent application or report embodying this information	ion, as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	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).	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		
O Partnership		
© Corporation		
O Governmental Entity		
Other (please specify)		

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Elizabeth Grier		14. Title of Person Signing Vice President of Administration					
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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