## 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: E940036 Renewal

1. Applicant

Name: Comcast of East San Fernando

Phone Number:

215-665-1700

PA

Valley, LP

DBA Name:

**Fax Number:** 215–981–7820

Street: 1500 Market Street

E-Mail:

State:

35th Floor

City: Philadelphia

**Country:** USA

**Zipcode:** 19102

Attention: Ruth Billebault

2. Contact	t									
	Name:	Ruth Billebault	Phone Num	ber:	215-665-1700					
	Company: Comcast of East San Fernando Fax Valley, LP		Fax Number	::	215–981–7820					
Street: City:		1500 Market Street E–Mail:			ruth_billebault@cable.comcast.					
		Philadelphia	State:		PA					
	<b>Country:</b>	USA	Zipcode:		19102 –					
Contact Compliance Manager Title:		Compliance Manager	Relationship:		Same					
	AL INFORM									
3. Rulepai	rt under which	this filing is made Rulepart 25								
		th this application?  If No, in the standard of the standard o	indicata raasan	for foo axamption (s	ee 47 C.F.R.Section 1.1114).					
	rnmental Entit			for ree exemption (so	ee 47 C.F.R.Section 1.1114).					
<del>-</del>	(please explai		ionai neensee							
O Other	(piease expiai									
	ttion is for ren cense as speci	ewal of license in exact conformi fied below:	ity with the							
(a)File Number SESREG1993101200562			(b	(b)Date Issued 1993–12–17 00:00:00.0						
(c)Call Si	gn		(d	(d)Location						
E940036				Fairfield, CA						

(e)Nature of Service Domestic Fixed	(f)Class of Station Receive Only Earth Station (CGO)								
(g)Expiration Date 2003–10–12 00:00:00.0	Petition to reinstate:								
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed:									
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 application dentified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number Date	cants most recent application or report embodying this	informati	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:  If NO, Explain briefly why not:	<b>○ ◎ ○</b>	Yes No N/A
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 pusuant 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:		
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>		

## 12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing John Donahue		14. Title of Person Signing Sr. Vice President Engineering						
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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