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

## $APPLICANT\ INFO \overline{RMATIONE} \textbf{Enter a description of this application to identify it on the main menu:}$

Receive Only Earth Station Renewal for WB86

1. Applicant

Name:

Charter Communications VI, LLC **Phone Number:** 303–256–3440

**DBA Name:** Fax Number: 303–256–3465

Street: 12405 Powerscourt Drive E-Mail: AAnderten@chartercom.com

City: St. Louis State: MO

**Country:** USA **Zipcode:** 63131 – 3674

**Attention:** Alexis Anderten

2. Contac	t					
	Name:	Alexis Anderten	Phone Number	er: 303–256–3440		
	Company:	Charter Communications, Inc.	Fax Number:	303-256-3465		
	Street:	12405 Powerscourt Drive	E–Mail:	aanderten@chartercom.com		
	City:	St. Louis	State:	МО		
	<b>Country:</b>	USA	Zipcode:	63131 –		
	Contact	Manager of FCC Compliance	Relationship:	Engineer		
	Title:					
RENEW	AL INFORM	IATION				
. Rulepa	rt under which	this filing is made Rulepart 25				
		th this application?				
_		·		or fee exemption (see 47 C.F.R.Section 1.1114).		
	rnmental Entit	•	tional licensee			
Other	r(please explai	n):				
• •		ewal of license in exact conform	ity with the			
xisting li	icense as speci	fied below:				
a)File Number			` '	(b)Date Issued		
SESRV	VL199308030	1014	19	1993-10-21 00:00:00.0		
c)Call Sign			` '	(d)Location		
WB86			C	Cumberland, MD		

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)				
(g)Expiration Date 2003–10–21 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	made sir	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 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 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 08/27/2003	cants most recent application or report embodying this in	nformati	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?	<b>○ ◎ ○</b>	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: Will not have a significant 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 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:					
O Individual					
Unincorporated Association					
Partnership					
• Corporation					
Governmental Entity					
Other (please specify) L.L.C.					

## 12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Alexis Anderten		14. Title of Person Signing Manager of FCC Compliance						
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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