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 E6625

1. Applicant

Name:

Charter Communications VI, LLC **Phone Number:** 303–323–1423

DBA Name: Fax Number: 303–323–1423

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 Num	ber:	303-323-1423		
	Company: Charter Communications, Inc. Fax N		Fax Numbe	r:	303–323–1313		
	Street:	12405 Powerscourt Drive	E-Mail:		aanderten@chartercom.com		
	City:	St. Louis	State:		МО		
	Contact Manager of FCC Compliance Relation		Zipcode:		63131 –		
			Relationship	p:	Engineer		
	Title:						
DENIEW	AL INFORM	IATION					
3. Rulepa	rt under wnich	this filing is made Rulepart 25					
		th this application? d attach FCC Form 159. If No,	indicata reason	for foe exempti	on (see 47 C.F.R.Section 1.1114).		
_	rnmental Entit			i ioi ice exempti	on (see 47 C.F.K.Seedon 1.1114).		
	r(please explai	•	nonar neensee				
Other	(picase expiai						
• •	ation is for ren icense as speci	ewal of license in exact conform fied below:	ity with the				
(a)File Number				(b)Date Issued			
SESRWL1993101500540				1993-12-30 00:00:00.0			
(c)Call Sign				(d)Location			
E6625				Webster Springs, WV			

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)					
(g)Expiration Date 2003–12–30 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:	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 there any further exceptions, not already covered in question 6 or 7. File Number Date 10/07/2003	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?	○ ◎ ○	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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