## 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 E6756

1. Applicant

Name: Southwest Colorado Cable, Inc., Phone Number: 814–274–9830

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	t					
	Name:	Jalyn Tezik	Phone Nu	mber:	814-274-9830	
	Company:	Adelphia Communications Corporation	Fax Numb	oer:	814–260–3389	
	Street:	1 North Main Street	E-Mail:		jalyn.tezik@adelphia.com	
	City:	Coudersport	State:		PA	
	<b>Country:</b>	USA	Zipcode:		16915 –	
	Contact Title:	FCC Technical Filing Analyst	Relationsl	nip:	Same	
RENEWA	AL INFORM	ATION				
3. Rulepar	rt under which	this filing is made Rulepart 25				
		h this application?	: 3: 4	<b>C C</b>	ween (one AT CED Confirm 1 1114)	
	-	·		on for fee exem	ption (see 47 C.F.R.Section 1.1114).	
<b>.</b>	rnmental Entit (please explain	•	nonai ncensee			
Other	(piease expiair					
	tion is for rencenteers as speci	ewal of license in exact conform fied below:	ity with the			
(a)File Number			(b)Date Issued			
SESRWL1993121600131				1994-01-27 00:00:00.0		
(c)Call Sign E6756				(d)Location		
L0/30			Gunnison, Colorado			

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)				
(g)Expiration Date 2004–01–27 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 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 i	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?	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: 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		
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 Andrew 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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