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

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

Receive Only Earth Station Renewal for E940178

1. Applicant

Name: Falcon Cablevision, a California

ia Phone Number:

303-323-1423

Limited Partnership

DBA Name:

Fax Number:

303-323-1313

**Street:** 

12405 Powerscourt Drive

E-Mail:

Zipcode:

AAnderten@chartercom.com

City:

St. Louis

USA

State:

MO 63131

3674

**Attention:** 

**Country:** 

Alexis Anderten

2. Contact							
	Name:	Alexis Anderten	Phone Num	ıber:	303-323-1423		
	Company:	Company: Charter Communications, Inc. Fax Nu		er:	303–323–1313		
	Street:	12405 Powerscourt Drive	E–Mail:		aanderten@chartercom.com		
	City:	St. Louis	State:		МО		
	Contact Manager of FCC Compliance Relatio		Zipcode:		63131 –		
			Relationshi	p:	Engineer		
	Title:						
RENEWA	AL INFORM	ΙΔΤΙΩΝ					
		this filing is made Rulepart 25					
3. Kulepai	t under winer	tuns ming is made—Ruiepart 23					
4 Is a fac	submitted wit	h this application?					
		* *	indicate reason	n for fee exemptio	n (see 47 C.F.R.Section 1.1114).		
_	nmental Entit			-			
	please explai						
		,					
5 Applicat	tion is for ran	ewal of license in exact conform	ity with the				
• •	cense as speci		ity with the				
(a)File Number			(1	(b)Date Issued			
SESREG1994020201930				1994-02-04 00:00:00.0			
(c)Call Sign				(d)Location			
E940178				Warrensburg, MO			

(e)Nature of Service	(f)Class of Station			
Domestic Fixed Satellite	Receive Only Earth Station (CGO)			
(g)Expiration Date	Petition to reinstate:			
2004-02-02 00:00:00.0				
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	n 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?				
		0	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	3		
with, or leasing arrangement with a cable television company?	O No			
	<b>◎</b> N/A	A		
8. Applicant represents that there has been no change in applicant's organization 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 01/22/2004	ants 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?	0	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 pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	<ul><li></li><li></li><li></li></ul>	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		
O Corporation		
O Governmental Entity		
Other (please specify) L.P.		

## 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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