FORM 312–R 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: E7238 renewal

1. Applicant

Name: Comcast of Illinois/Ohio/Oregon, Phone Number: 215–665–1700

LLC

DBA Name: Fax Number: 215–981–7820

Street: 1500 Market Street E–Mail:

35th Floor

City: Philadelphia State: PA

Country: USA Zipcode: 19102 -

Attention: Ruth Billebault

2. Contact										
Name	Name: Ruth Billebault Phone		Number:	Tumber: 215–665–1700						
Сотр	Dany: Comcast of Illinois	is/Ohio/Oregon, Fax Nu	ımber:	215–981–7820						
Street	t: 1500 Market Stree	et E-Mai	11:	ruth_billebault@ca	able.comcast.					
City:	Philadelphia	State:		PA						
Coun	try: USA	SA Zipcode		19102 –						
	Contact Compliance Manager Relations Title:		onship:	Same						
RENEWAL INI										
3. Rulepart under	which this filing is made	Rulepart 25								
	ted with this application?	50 IEN			1 1114)					
	ete and attach FCC Form 1			nption (see 47 C.F.R.Section	1.1114).					
Governmenta	-	nmercial educational licen	see							
Other(please	expiain):									
^ ^	for renewal of license in specified below:	exact conformity with the								
(a)File Number SESRWL1994032801631			1 ' '	(b)Date Issued 2004–06–15 00:00:00.0						
(c)Call Sign E7238			(d)Location Dillonvale,	(d)Location Dillonvale, OH						

(e)Nature of Service Domestic Fixed	(f)Class of Station Receive Only Earth Station (CGO)								
(g)Expiration Date 2004–06–15 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?								
	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 No N/A								
8. Applicant represents that there has been no change in applicant's organ applicant'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	ants most recent application or report embodying this information, as								

9. Would a Commision 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:				
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).	⊗	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:				
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 				

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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