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:

Receive Only Earth Station Renewal for E7394

1. Applicant

Name: CC VIII Operating, 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

63131

3674

Country:

USA

Zipcode:

Attention: Alexis Anderten

2. Contac	et					
	Name:	Alexis Anderten	Phone Nu	mber:	303-323-1423	
	Company:	Charter Communications, Inc.	Fax Number:		303-323-1313	
	Street:	12405 Powerscourt Drive	E–Mail:		aanderten@chartercom.com	
	City:	St. Louis	State:		МО	
Country:		USA	Zipcode:		63131 –	
	Contact Title:	Manager of FCC Compliance	Relationsl	nip:	Engineer	
RENEW	AL INFORM	IATION				
3. Rulepa	art under which	this filing is made Rulepart 25				
		th this application? d attach FCC Form 159. If No,	indicate reaso	on for fee exemi	ption (see 47 C.F.R.Section 1.1114).	
==	ernmental Entit				paon (see 17 caritabetaon 11111.).	
"	r(please explai	•				
^ ^	ation is for ren icense as speci	ewal of license in exact conforming fied below:	ity with the			
(a)File Number SESRWL1994050201430				(b)Date Issued 1994–07–20 00:00:00.0		
(c)Call Sign				(d)Location		

Gaylord, MI

E7394

(e)Nature of Service	(f)Class of Station				
Domestic Fixed Satellite	Receive Only Earth Station (CGO)				
(g)Expiration Date	Petition to reinstate:				
2004-07-20 00:00:00.0					
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:	a type of emission or of a transmitter which have been made sine	ce 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?					
	•	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				
with, of leasing arrangement with a caole television company.	O 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 03/30/2004	ants most recent application or report embodying this information	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? 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	o ● o	Yes No N/A	
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 (eg., 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). 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) LLC 			

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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