FORM 312–R 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 E7723

1. Applicant

Marcus Cable Associates, LLC

Phone Number:

303-323-1423

DBA Name:

Fax Number:

303-323-1313

Street:

Name:

12405 Powerscourt Drive

E-Mail:

AAnderten@chartercom.com

City:

St. Louis

State:

MO

63131

3674

Country:

USA

Zipcode:

Attention: Alexis Anderten

2. Contact								
Name:	Alexis Anderten	Phone Number:	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	Relationship:	Engineer					
RENEWAL INFORM	IATION							
3. Rulepart under which	n this filing is made Rulepart 25							
4. Is a fee submitted with		indicata raasan far faa aya	mntion (see 47 C FP Section 1 1114)					
if Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).								
Governmental Entity Noncommercial educational licensee Other(please explain):								
O surer (premse emprems								
C A 1: .:	1 (1)	C 24 4						
5. Application is for ren existing license as speci		ity with the						
(a)File Number SESRWL199408310	0722	1 ` /	(b)Date Issued 1994–09–28 00:00:00.0					

(d)Location Crandall, TX

(c)Call Sign E7723

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)				
(g)Expiration Date 2004–09–28 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 i	nade 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 dentified 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 08/12/2004	cants most recent application or report embodying this ir	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? 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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