## 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: E7627 renewal

1. Applicant	
Name:	Comcast of Southern New

**Phone Number:** Comcast of Southern New

215-665-1700

England, Inc.

**DBA Name:** Fax Number: 215-981-7820

E-Mail: **Street:** 1500 Market Street

35th Floor

City: Philadelphia State: PA

**Country:** USA Zipcode: 19102

**Attention:** Ruth Billebault

2. Contact	t							
	Name:	Ruth Billebault	Phone Nu	mber:	215-665-1700			
	Company:	Comcast of Southern New England, Inc.	Fax Numb	oer:	215–981–7820			
	Street:	1500 Market Street	E-Mail:		ruth_billebault@cable.comcast.			
	City:	Philadelphia	State:		PA			
	<b>Country:</b>	USA	Zipcode:		19102 –			
	Contact Title:	Compliance Manager	Relationsh	nip:	Same			
	AL INFORM							
3. Rulepar	rt under which	this filing is made Rulepart 25	5					
		h this application?  I attach FCC Form 159. If No.	indicata rasco	on for foo overn	otion (see 47 C.F.R.Section 1.1114).			
	rnmental Entit			m for fee exemp	Juon (See 47 C.P.R.Section 1.1114).			
<b>-</b>			ational needsee					
Other(please explain):								
^ ^	tion is for rencenteers as speci	ewal of license in exact conformation exact conform	mity with the					
(a)File Number SESRWL1998011600091			(b)Date Issued 1998–01–20 00:00:00.0					
	(c)Call Sign			(d)Location				
E7627	E7627			Fall River, MA				

(e)Nature of Service Domestic Fixed	(f)Class of Station Receive Only Earth Station (CGO)		
(g)Expiration Date 2004–09–14 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 t	o render the Station not operational?	o ⊛ o	Yes 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 orgapplicant's relation to the station, or financial responsibility; that application identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number Date	cants most recent application or report embodying this	informati	on, 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).	<b>⊗</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:		
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>		

## 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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