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: TVRO Renewal Charlotte, TX E7948

1. Applicant

Name: Texas and Kansas City Cable

Phone Number:

703-345-3549

Partners. L.P.

DBA Name:

Fax Number:

703-345-3503

Street:

13241 Woodland Park Road

E-Mail:

Don.Sambol@TWCable.Com

City:

Herndon

USA

State:

Zipcode:

VA

20171

3000

Attention:

Country:

Don Sambol

2. Contac	t					
	Name:	Don Sambol	Phone Nu	mber:	7033453549	
	Company:	Time Warner Cable	Fax Numb	ber:	7033453503	
	Street:	13241 Woodland Park Road	E–Mail:		don.sambol@twcable.com	
	City:	Herndon	State:		VA	
	Country:	USA	Zipcode:		20171 – 3000	
	Contact	FCC Compliance Engineer	Relationsl	hip:	Engineer	
	Title:					
	AL INFORM					
3. Rulepa	rt under which	this filing is made Rulepart 25				
		th this application?				
● If Yes	s, complete and	d attach FCC Form 159. If No.	, indicate reaso	on for fee exemp	otion (see 47 C.F.R.Section 1.1114).	
G Gove	rnmental Entit	y Noncommercial educa	ational licensee			
Other	r(please explai	n):				
5. Applica	ation is for ren	ewal of license in exact conform	nity with the			
existing li	icense as speci	fied below:	·			
(a)File Number				(b)Date Issued		
SESRWL1994082900736				1994–12–02 00:00:00.0		
	(c)Call Sign			(d)Location		
E7948	E7948			Charlotte, TX		

(e)Nature of Service Domestic Fixed Sattlite	(f)Class of Station Receive Only Earth Station (CGO)				
(g)Expiration Date 2004–11–09 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: n/a	a type of emission or of a transmitter which have been made since 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 orga 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 Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	○ ◎	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 pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	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					
Partnership					
O Corporation O Governmental Entity					
Other (please specify)					

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Jeffrey M. King		14. Title of Person Signing Executive Vice President						
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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