## 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 Cato, WI E950120

1. Applicant

Name: TIME WARNER

**Phone Number:** 703–345–3549

**ENTERTAINMENT COMPANY** 

LP

**DBA Name:** Fax Number: 703–345–3503

Street: 13241 Woodland Park Road E–Mail: don.sambol@twcable.com

City: Herndon State: VA

Country: USA Zipcode: 20171

**Attention:** Don Sambol

2. Contact									
Nan	ne:	don sambol Ph	hone Nur	nber:	7033453549				
Con	npany:	time warner cable Fa	ax Numb	er:	7033453503				
Stre	eet:	13241 woodland park rd <b>E</b> -	–Mail:		don.sambol@twcable.com				
City	y <b>:</b>	herndon Sta	tate:		VA				
Cou	ıntry:	USA <b>Zi</b> j	ipcode:		20171 – 3000				
Con Titl	ntact	fcc compliance engineer Relation		ip:	Engineer				
RENEWAL INFORMATION  3. Rulepart under which this filing is made Rulepart 25  4. Is a fee submitted with this application?  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									
5. Application is for renewal of license in exact conformity with the existing license as specified below:									
(a)File Number SESREG1994122000045			(	(b)Date Issued 1995–04–21 00:00:00.0					
(c)Call Sign E950120				(d)Location Cato, WI					

(e)Nature of Service domestic fixed satellite	(f)Class of Station Receive Only Earth Station (CGO)				
(g)Expiration Date 2004–12–20 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: na	a type of emission or of a transmitter which have been made since the la				
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	o render the Station not operational?				
(a) This diere occir removal of equipment of dieritation of facilities as t	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 org applicant's relation to the station, or financial responsibility; that applic 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 NA  Date					

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	O () ()	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).	<ul><li></li><li></li><li></li></ul>	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 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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