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: E7515 renewal

1. Applicant

Name: Comcast of Phone Number: 215–665–1700

California/Ohio/Pennsylvania/Utah

/Washington, Inc.

DBA Name: Fax Number: 215–981–7820

Street: 1500 Market Street E-Mail:

35th Floor

City: Philadelphia State: PA

Country: USA Zipcode: 19102 -

Attention: Ruth Billebault

Contact					
Name:	Ruth Billebault	Phone Number:	215 665 1700		
Company:	Comcast	Fax Number:	215 981 7820		
Street:	1500 Market Street	E–Mail:	ruth_billebault@cable.comcast.		
City:	Philadelphia	State:	PA		
Country:	USA	Zipcode:	19102 –		
Contact Title:	Compliance Manager	Relationship:	Same		
RENEWAL INFORM	MATION				
. Rulepart under which		25			
. Kulepart under wille	m this filling is made Kulepart	. 23			
. Is a fee submitted w		No indicate reason for fee even	nption (see 47 C.F.R.Section 1.1114).		
			ipuon (see 47 C.P.R.section 1.1114).		
- 0:1 / 1	• •	ideational neensee			
Other(please expla	un):				
5. Application is for re		Formity with the			
existing license as spec	cified below:				
a)File Number		(b)Date Issued			
SESRWL199411010	00362	1995–03–17	1995-03-17 00:00:00.0		
e)Call Sign		(d)Location	I · ·		
E7515		Roww Town	Roww Township, PA		

(e)Nature of Service	(f)Class of Station				
domestic fixed	Receive Only Earth Station (CGO)				
(g)Expiration Date 2005–01–18 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 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?					
	No				
	o N/A				
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a	ownership interest in control by, affiliation Yes				
with, or leasing arrangement with a cable television company?	O No				
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 th here any further exceptions, not already covered in question 6 or 7. File Number Date	cants most recent application or report embodying this information, as	ie			

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0	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).	O	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:					
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 					

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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