

FORM 312-R APPLICATION
FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES
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APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Renewal of License

1. Applicant

Name:	Comcast of Minnesota, Inc.	Phone Number:	215-665-1700
DBA Name:		Fax Number:	215-981-7820
Street:	1500 Market Street	E-Mail:	sheila_smith@cable.comcast.com
	35th Floor		
City:	Philadelphia	State:	PA
Country:	USA	Zipcode:	19102 -
Attention:	Sheila Smith		

2. Contact

Name:	Sheila Smith	Phone Number:	215-320-7454
Company:	Comcast Cable Communications, Inc.	Fax Number:	215-972-6170
Street:	1500 Market St.	E-Mail:	sheila_smith@cable.comcast.com
City:	Philadelphia	State:	PA
Country:	USA	Zipcode:	-
Attention:	Compliance Generalist	Relationship:	Same

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 73

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 explain):

5. Application is for renewal of license in exact conformity with the
existing license as specified below:

(a)File Number
SESRWL1996031301656

(b)Date Issued
1996-04-19 00:00:00.0

(c)Call Sign
E860458

(d)Location
Des Moines, IA

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)
(g)Expiration Date 2006-05-09 00:00:00.0	Petition to reinstate:
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed: N/A	

<p>Items 7(a) and (b) apply to Part 21 licenses only.</p> <p>7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?</p> <p style="text-align: right;"> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A </p> <p>If YES when:</p>	
<p>(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?</p> <p style="text-align: right;"> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A </p>	
<p>8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7. File Number SESRWL1996031301656 Date 02/28/2006</p>	

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).

- ☒ 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:
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CERTIFICATION

13. Typed Name of Person Signing Sheila Smith	14. Title of Person Signing Compliance Generalist
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).	

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