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: Renewal of E881108

1. Applicant

Name: Falcon Cablevision, a California Phone Number: 303–323–1423

Limited Partnership

DBA Name: Fax Number: 303–323–1319

Street: 12405 Powerscourt Drive E–Mail: CharterFCC@chartercom.com

City: St. Louis State: MO

Country: USA **Zipcode:** 63131 – 3674

Attention: Alexis Anderten

2. Contact					
Name:	Falcon Cablevision, a California Limited Partnership	Phone Number:	303-323-1423		
Company	:	Fax Number:	303-323-1319		
Street:	12405 Powerscourt Drive	E–Mail:	CharterFCC@chartercom.com		
City:	St. Louis	State:	МО		
Country:	USA	Zipcode:	63131 – 3674		
Attention	: Alexis Anderten	Relationship:	Engineer		
Is a fee submitted v	vith this application?				
	vith this application? and attach FCC Form 159. If No, i	ndicate reason for fee ex	xemption (see 47 C.F.R.Section 1.1114).		
Governmental En			process (see 1. curvature and a		
Other(please expl	*				
* *	enewal of license in exact conformit	ty with the			
xisting license as spe	ecified below:				
a)File Number SESRWL19990104	100001	` '	(b)Date Issued 1999–02–17 00:00:00.0		
c)Call Sign		` '	(d)Location		
E881108		Phelan, C	Phelan, CA		

(e)Nature of Service	(f)Class of Station				
Domestic Fixed Satellite	Receive Only Earth Station (CGO)				
(g)Expiration Date 2009–02–03 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of a 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?					
	O No				
	N/A				
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a cwith, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation Yes				
with, or leasing arrangement with a caole television company:	O 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 01/15/2009	ants most recent application or report embodying this information, as				

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not: Will not have a significant environmental impact	o ⊛ o	Yes No N/A	A
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 benefit pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b). 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) LP 			

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Alexis Anderten		14. Title of Person Signing Manager of FCC Technical Compliance						
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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