## 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 KG54 for Beatrice NE

1. Applicant

Name: CC VIII Operating, LLC **Phone Number:** 303–323–1423

**DBA Name: Fax Number:** 303–323–1313

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

City: St. Louis State: MO

Country: USA Zipcode: 63131 -

**Attention:** Alexis Anderten

ntact			
Name:	CC VIII Operating, LLC	Phone Number:	303-323-1423
Company:		Fax Number:	303–323–1313
Street:	12405 Powerscourt Drive	E–Mail:	CharterFCC@chartercom.com
City:	St. Louis	State:	МО
Country:	USA	Zipcode:	63131 –
Attention:	Alexis Anderten	Relationship:	Engineer
EWAL INFORM	IATION		
lepart under which	this filing is made Rulepart 25	5	

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESRWL2001020100230	2001–02–20 00:00:00.0
(c)Call Sign	(d)Location
KG54	Beatrice, NE
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)

Noncommercial educational licensee

If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).

4. Is a fee submitted with this application?

• If Yes, complete and attach FCC Form 159.

Governmental Entity

Other(please explain):

(g)Expiration Date 2011–03–07 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:	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?  Yes  No  N/A
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a owith, 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 applica 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 12/26/2010	nts 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?  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	
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 (eg., 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).  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) LLC</li> </ul>			

## 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 Techical 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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