## 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:

License Renewal

1. Applicant

Name:

Comcast of Washington IV, Inc. **Phone Number:** 215–286–1700

**DBA Name:** Fax Number: 215–286–1022

Street: One Comcast Center E–Mail: Sheila\_Smith@cable.comcast.com

1701 John F. Kennedy Boulevard

City: Philadelphia State: PA

**Country:** USA **Zipcode:** 19103 – 2838

**Attention:** Ms Sheila Smith

2. Contact					
Name:	Sheila Smith	Phone Number:	215–286–7454		
Compar	ny: Comcast Cable Communica Inc.	ntions, Fax Number:	215–286–1022		
Street:	One Comcast Center	E-Mail:	sheila_smith@cable.comcast.com		
City:	Philadelphia	State:	PA		
Country	y: USA	Zipcode:	19103 –		
Attentio	on: Sheila Smith	Relationship:	Same		
RENEWAL INFO	RMATION				
3. Rulepart under w	which this filing is made Rulepar	t 73			
	Entity Noncommercial e	·	aption (see 47 C.F.R.Section 1.1114).		
5. Application is for existing license as s	renewal of license in exact conspecified below:	formity with the			
(a)File Number SESRWL2001020500283		(b)Date Issued 2001–02–27	(b)Date Issued 2001–02–27 00:00:00.0		
(c)Call Sign E910265		(d)Location Freeland, WA	(d)Location Freeland, WA		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2011–04–12 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:  N/A	f a type of emission or of a transmitter which have	been made sir	nce 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?				
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?	· · · · · · · · · · · · · · · · · · ·	Yes No N/A		
8. Applicant represents that there has been no change in applicant's orgapplicant's relation to the station, or financial responsibility; that application 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 SESRWL2001020500283 Date 03/22/2011	cants most recent application or report embodying	this informati	ion, as	

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).	<ul><li>O</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 Sheila Smith		14. Title of Person Signing Compliance Manager					
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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