## FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

## $APPLICANT\ INFORMATION \textbf{Enter a description of this application to identify it on the main menu:}$

License Renewal

1. Applicant

Name: Comcast of Illinois/Indiana/Ohio,

**Phone Number:** 

215-286-1700

LLC

**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:	Comcast of Illinois/Indiana/Ohio, LLC	Phone Number	: 215-286-1700		
Company:		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:	Sheila Smith	Relationship:	Same		
DENEMAL INFORM	I ATTION I				
RENEWAL INFORM					
3. Rulepart under which	this filing is made Rulepart 73				
4. Is a fee submitted wit	h this application?				
	* *	dicate reason for	fee exemption (see 47 C.F.R.Section 1.1114).		
Governmental Entit	y Noncommercial education	onal licensee			
Other(please explain	n):				
5. Application is for renewal of license in exact conformity with the existing license as specified below:					
(a)File Number SESRWL2002032600486		\ \ /	(b)Date Issued 2002-04-17 00:00:00.0		
c)Call Sign WQ49			(d)Location Macomb, IL		

(e)Nature of Service  Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)	
(g)Expiration Date 2012–04–30 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:  N/A	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?	<ul><li>Yes</li><li>No</li><li>N/A</li></ul>
If YES when:		
(b) If this is a Multipoint Distribution Service (MDS) station, is there a county with, 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 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 SESRWL2002032600486 Date 04/12/2012	ants most recent application or report embodying this inform	nation, as

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	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).	<b>⊗</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:				
<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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