## 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: E930296 – Spartanburg SC Renewal App

1. Applicant

Name: Charter Communications, LLC **Phone Number:** 303–323–1423

DBA Name: Fax Number:

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

City: St. Louis State: MO

Country: USA Zipcode: 63131 -

**Attention:** Alexis Anderten

2. Contact					
Name:	Name: Charter Communications, LLC <b>Phon</b>		er: 303-323-1423		
Company: Fa		Fax Number:			
Street:	12405 Powerscourt Drive	E–Mail:	CharterFCC@charter.com		
City:	St. Louis	State:	МО		
Country:	USA	Zipcode:	63131 –		
Attention:	Alexis Anderten	Relationship:	Same		
<ul> <li>4. Is a fee submitted wi</li> <li>If Yes, complete an</li> <li>Governmental Enti</li> <li>Other(please expla</li> </ul>	th this application? d attach FCC Form 159. If No, i ty Noncommercial educati		or fee exemption (see 47 C.F.R.Section 1.1114).		
5. Application is for rer existing license as spec		ty with the			
(a)File Number SESRWL2003042500531			(b)Date Issued 2003–04–28 00:00:00.0		
(c)Call Sign E930296			(d)Location Spartanburg SC		

(f)Class of Station Receive Only Earth Station (CGO)

(e)Nature of Service

Domestic Fixed Satellite Service

(g)Expiration Date 2018–05–10 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:  None	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?					
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 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	ants 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?	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: Renewal only						
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).	•	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:						
O Individual						
O Unincorporated Association						
O Partnership						
O Corporation						
Governmental Entity						
Other (please specify) Limited Liability Company						

## 12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Stephen Flessner		14. Title of Person Signing Manager, FCC Relations					
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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