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 KF76 in Gilroy CA

1. Applicant

Name: Falcon Cable Systems Co. II, LP **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

2. 0	Contact			
	Name:	Falcon Cable Systems Co. II, LP	Phone Number:	303-323-1423
	Company:		Fax Number:	303–323–1313
	Street.	12405 Powerscourt Drive	F_Mail·	CharterFCC@chartercom.com

City: St. Louis State: MO

Country: USA Zipcode: 63131 -

Attention: Engineering Relationship: Engineer

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4.]	4. Is a fee submitted with this application?				
0	If Yes, complete and attach FCC Fo	m 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).			
0	Governmental Entity Nor	commercial educational licensee			
0	Other(please explain):				

5. Application is for renewal of license in exact conformity with the existing license as specified below:		
(a)File Number	(b)Date Issued	
SESRWL2000110802149	2000–11–21 00:00:00.0	
(c)Call Sign	(d)Location	
KF76	Gilroy, CA	
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)	

(g)Expiration Date 2010–12–16 00:00:00.0	etition 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 la	ıst		
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 c 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 Date 09/20/2010	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	L
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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