

ATTACHMENT E

**Applications for Wireless Telecommunications Bureau Radio Service Authorization for
Nineteen (19) Locations in Montana (FCC Form 601) (filed March 14, 2013)**

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:37:40
File Number: 0005688046

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688046
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 2
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Description of Legal Entity) _____		
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)<u>Yes</u>/<input type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)<u>Yes</u>/<input type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)<u>Yes</u>/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: LEWISTOWN	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-04-29.8		8) Longitude (DDD-MM-SS.S): 109-24-34.4	
		NAD83 (<input checked="" type="radio"/> N) <u>N</u> or <u>S</u>	
		NAD83 (<input checked="" type="radio"/> W) <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description: 0.2 km NW of Marcella & NE Hobson St Intersection			
10) City: Lewistown		11) State: MT	
		12) County/Borough/Parish: FERGUS	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1219.2		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 12.2	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 12.2	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		NAD83 (<input type="radio"/>) <u>N</u> or <u>S</u>	
		NAD83 (<input type="radio"/>) <u>E</u> or <u>W</u>	
20) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: HIGHWOOD	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-26-31.2		8) Longitude (DDD-MM-SS.S): 110-37-51.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2324.1		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No	
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.		() <u>Yes</u> No	
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application?		() <u>Yes</u> No	
24) Do you propose to operate in an area that requires frequency coordination with Mexico?		() <u>Yes</u> No	

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: LEWISTOWN	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	71.6	30M0D7W (A)	150000.0	128TCM
	New 005974.85000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48 Response	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:44:45
File Number: 0005688050

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
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3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688050
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
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8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

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11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
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14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
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18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

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48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: SHELBY	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-30-45.6		8) Longitude (DDD-MM-SS.S): 111-50-52.5	
9) Street Address, Name of Landing Area, or Other Location Description: 1.2 km North of Shelby			
10) City: Shelby		11) State: MT	
		12) County/Borough/Parish: TOOLE	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1025.3		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 18.3	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 18.3	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MOUNT ROYAL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-51-15.8		8) Longitude (DDD-MM-SS.S): 111-08-36.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2349.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada?		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico?		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MOUNT BALDY	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-19-04.7		8) Longitude (DDD-MM-SS.S): 113-09-15.4	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 2349.7		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No	
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.		() <u>Yes</u> No	
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application?		() <u>Yes</u> No	
24) Do you propose to operate in an area that requires frequency coordination with Mexico?		() <u>Yes</u> No	

FCC Form 601
Schedule I
Supplement 2
Transmit Location

Path Data

1) Transmit location name: SHELBY		2) Path number: 1	
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path			
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal	

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 16.8	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 1.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 53.5	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes <input checked="" type="radio"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			

Final Receiver

21) Receiver Location Name: MOUNT ROYAL		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: SHELBY		2) Path number: 2
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD10-59A	
7) Height to Center of Antenna AGL (meters): 16.8	8) Beamwidth (degrees): 1.2	9) Antenna Gain (dBi): 43.2	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 257.9	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: MOUNT BALDY		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD10-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.2	27) RX Antenna Gain (dBi): 43.2
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

FCC Form 601
Schedule I

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: SHELBY	2) Path Number: 1
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	71.8	30M0D7W (A)	150000.0	128TCM
	New 006004.50000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: SHELBY	2) Path Number: 2
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	73.7	30M0D7W (A)	150000.0	128TCM
	New 006345.49000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48 Response	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:05:31
 File Number: 0005688029

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688029
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____/____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---	--

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: ALLEN PEAK	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-57-01.4		8) Longitude (DDD-MM-SS.S): 115-24-17.5	
9) Street Address, Name of Landing Area, or Other Location Description: 50.7 km South of Libby			
10) City: Libby		11) State: MT	
		12) County/Borough/Parish: LINCOLN	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1966.2		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 7.0	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 7.0	
16) Support Structure Type: PIPE			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	5) Location Name: MOUNT AENEAS
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-09-11.4		8) Longitude (DDD-MM-SS.S): 113-55-46.7	NAD83 (<input checked="" type="radio"/> N) <u>N</u> or <u>S</u>
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2154.9	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		NAD83 (<input type="radio"/>) <u>N</u> or <u>S</u>	NAD83 (<input type="radio"/>) <u>E</u> or <u>W</u>
20) Do you propose to operate in an area that requires frequency coordination with Canada?			(<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application?			(<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No
24) Do you propose to operate in an area that requires frequency coordination with Mexico?			(<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: ALLEN PEAK		2) Path number: 1
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD10-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.2	9) Antenna Gain (dBi): 43.2	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 77.9	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? Include explanation in waiver exhibit. () Yes <input type="checkbox"/> No			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: MOUNT AENEAS		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAL12-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 0.9	27) RX Antenna Gain (dBi): 44.8
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

**FCC Form 601
Schedule I**

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: ALLEN PEAK	2) Path Number: 1
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	74.2	30M0D7W (A)	150000.0	128TCM
	New 006034.15000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:12:20
File Number: 0005688030

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688030
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust <input type="checkbox"/> Government Entity
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Description of Legal Entity) _____		
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

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1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: Vice President of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: BLACKTAIL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): 1000780			
7) Latitude (DD-MM-SS.S): 48-00-48.0		8) Longitude (DDD-MM-SS.S): 114-21-58.0	
		NAD83 (<input checked="" type="radio"/> N) <u>N</u> or <u>S</u>	
		NAD83 (<input checked="" type="radio"/> W) <u>E</u> or <u>W</u>	
9) Street Address, Name of Landing Area, or Other Location Description: BLACKTAIL MOUNTAIN			
10) City: LAKESIDE		11) State: MT	
		12) County/Borough/Parish: FLATHEAD	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2035.8		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 60.9	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 73.1	
16) Support Structure Type: TOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		NAD83 (<input type="radio"/>) <u>N</u> or <u>S</u>	
		NAD83 (<input type="radio"/>) <u>E</u> or <u>W</u>	
20) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: KALISPELL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-11-44.0		8) Longitude (DDD-MM-SS.S): 114-18-38.0	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 900.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: POINT SIX	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-02-22.9		8) Longitude (DDD-MM-SS.S): 113-59-17.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2390.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 2390.7	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 2390.7			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601Schedule I
Supplement 2**Path Data****Transmit Location**

1) Transmit location name: BLACKTAIL		2) Path number: 1
3) Action Requested: (A) A dd New Path M odify Existing Path D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: SUL6-107B	
7) Height to Center of Antenna AGL (meters): 35.0	8) Beamwidth (degrees): 1.0	9) Antenna Gain (dBi): 44.0	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -3.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 11.5	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (N)<u>Yes</u> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (N)<u>Yes</u> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? ()<u>Yes</u> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? ()<u>Yes</u> No			

Final Receiver

21) Receiver Location Name: KALISPELL		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: SUL6-107B
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 22.9	26) RX Antenna Beamwidth (degrees): 1.0	27) RX Antenna Gain (dBi): 44.0
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

**Schedule I
Supplement 2**

Path Data

Transmit Location

1) Transmit location name: BLACKTAIL	2) Path number: 2
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path	
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way () Multiple Two-way () Master-Remote/Nodal-User () Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master	4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: Commscope	6) Antenna Model Number: UHX8-59J RF	
7) Height to Center of Antenna AGL (meters): 21.3	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 165.1
16) Periscope Reflector Dimensions (meters): Height: Width:	17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.		
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes (<input type="radio"/>) No		
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes (<input type="radio"/>) No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.		
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____		
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes (<input checked="" type="radio"/>) No Include explanation in waiver exhibit.		
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes (<input checked="" type="radio"/>) No		

Final Receiver

21) Receiver Location Name: POINT SIX		
22) Receiver antenna manufacturer: Commscope	23) Receiver antenna model number: UHX8-59J RF	
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 7.6	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:	32) RX Periscope Reflector Separation (meters):	

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: BLACKTAIL	2) Path Number: 1
---	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	65.4	30M0D7W (A)	150000.0	128TCM
	New 010755.00000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8711E -150	N			

1) Transmit Location Name: BLACKTAIL	2) Path Number: 2
---	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	71.6	30M0D7W (A)	150000.0	128TCM
	New 006197.24000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:14:20
File Number: 0005688031

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688031
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 2
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Description of Legal Entity) _____		
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: CUT BANK	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-37-35.9		8) Longitude (DDD-MM-SS.S): 112-19-10.7	
9) Street Address, Name of Landing Area, or Other Location Description: 1.2 km of Cutbank			
10) City: Cutbank		11) State: MT	
		12) County/Borough/Parish: GLACIER	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1179.4		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 19.8	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 19.8	
16) Support Structure Type: GTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

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Schedule I
Supplement 1

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MOUNT ROYAL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-51-15.8		8) Longitude (DDD-MM-SS.S): 111-08-36.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2349.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. () <u>Yes</u> No			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601

Schedule I
Supplement 2

Path Data

Transmit Location

1) Transmit location name: CUT BANK		2) Path number: 1
3) Action Requested: (<input checked="" type="checkbox"/>) <u>A</u> dd New Path <input type="checkbox"/> <u>M</u> odify Existing Path <input type="checkbox"/> <u>D</u> elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path):		4b) Path code (Enter only one per path):
MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: Commscope		6) Antenna Model Number: PL6-59E	
7) Height to Center of Antenna AGL (meters): 9.1	8) Beamwidth (degrees): 1.8	9) Antenna Gain (dBi): 38.9	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 1.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 241.2	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) <u>Y</u>es <u>N</u>o			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) <u>Y</u>es <u>N</u>o			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="checkbox"/>) <u>Y</u>es <u>N</u>o Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="checkbox"/>) <u>Y</u>es <u>N</u>o			

Final Receiver

21) Receiver Location Name: MOUNT BALDY		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

**Schedule I
Supplement 2**

Path Data

Transmit Location

1) Transmit location name: CUT BANK		2) Path number: 2	
3) Action Requested: (<input checked="" type="radio"/>) Add New Path <input type="radio"/> Modify Existing Path <input type="radio"/> Delete Existing Path			
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal	
		<input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Mobile Master	

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 10.7	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 73.2	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes <input checked="" type="radio"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			

Final Receiver

21) Receiver Location Name: MOUNT ROYAL		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

FCC Form 601
Schedule I

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: CUT BANK	2) Path Number: 1
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	69.5	30M0D7W (A)	150000.0	128TCM
	New 006226.89000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: CUT BANK	2) Path Number: 2
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	71.9	30M0D7W (A)	150000.0	128TCM
	New 006063.80000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:16:26
File Number: 0005688032

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688032
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 2
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---	--

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="radio"/>)Yes/<input checked="" type="radio"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="radio"/>)Yes/<input checked="" type="radio"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="radio"/>)Yes/<input type="radio"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: FORT BENTON	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-49-16.1		8) Longitude (DDD-MM-SS.S): 110-40-37.3	
9) Street Address, Name of Landing Area, or Other Location Description: 0.3 km NW of St. Charles & 14th St. Intersection			
10) City: Fort Benton		11) State: MT	
		12) County/Borough/Parish: CHOUTEAU	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 862.3		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 7.6	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 7.6	
16) Support Structure Type: POLE			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: HIGHWOOD	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-26-31.2		8) Longitude (DDD-MM-SS.S): 110-37-51.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2324.1		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 2324.1	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 2324.1			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: FORT BENTON	2) Path number: 1
3) Action Requested: (<input checked="" type="checkbox"/>) Add New Path <input type="checkbox"/> Modify Existing Path <input type="checkbox"/> Delete Existing Path	
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master	4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS	6) Antenna Model Number: PAD6-59B	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.8	9) Antenna Gain (dBi): 38.7
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):
13) Elevation (Tilt) Angle (degrees): 2.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 175.3
16) Periscope Reflector Dimensions (meters): Height: Width:	17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.		
19) Does this path include passive repeater? (<input type="checkbox"/>)Yes <input checked="" type="checkbox"/> No		
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input type="checkbox"/>)Yes <input checked="" type="checkbox"/> No		
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.		
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____		
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="checkbox"/>)Yes <input checked="" type="checkbox"/> No Include explanation in waiver exhibit.		
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="checkbox"/>)Yes <input checked="" type="checkbox"/> No		

Final Receiver

21) Receiver Location Name: HIGHWOOD		
22) Receiver antenna manufacturer: RFS	23) Receiver antenna model number: PAD6-59B	
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.8	27) RX Antenna Gain (dBi): 38.7
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:	32) RX Periscope Reflector Separation (meters):	

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

**FCC Form 601
Schedule I**

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: FORT BENTON	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	69.9	30M0D7W (A)	150000.0	128TCM
	New 006034.15000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:18:03
File Number: 0005688033

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688033
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 2
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust <input type="checkbox"/> Government Entity
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Description of Legal Entity) _____		
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> No
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: GREAT FALLS	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-29-36.6		8) Longitude (DDD-MM-SS.S): 111-15-24.4	
9) Street Address, Name of Landing Area, or Other Location Description: 2910 10th Ave. South			
10) City: Great Falls		11) State: MT	
		12) County/Borough/Parish: CASCADE	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1064.9		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 16.8	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 16.8	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: HIGHWOOD	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-26-31.2		8) Longitude (DDD-MM-SS.S): 110-37-51.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2324.1		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: GREAT FALLS		2) Path number: 1
3) Action Requested: (<input checked="" type="radio"/>) Add New Path <input type="radio"/> Modify Existing Path <input type="radio"/> Delete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 7.6	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 1.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 96.7	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes (<input type="radio"/>) No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes (<input type="radio"/>) No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes (<input checked="" type="radio"/>) No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes (<input checked="" type="radio"/>) No			

Final Receiver

21) Receiver Location Name: HIGHWOOD		
22) Receiver antenna manufacturer: Commscope		23) Receiver antenna model number: PL6-59E
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.8	27) RX Antenna Gain (dBi): 38.9
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: GREAT FALLS	2) Path Number: 1
---	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.2	30M0D7W (A)	150000.0	128TCM
	New 006004.50000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:19:54
File Number: 0005688034

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688034
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Description of Legal Entity) _____		
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> No
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: HAMILTON	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 46-14-46.1		8) Longitude (DDD-MM-SS.S): 114-09-22.2	
9) Street Address, Name of Landing Area, or Other Location Description: 104 State Street			
10) City: Hamilton		11) State: MT	
		12) County/Borough/Parish: RAVALLI	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1091.1		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 22.0	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 22.0	
16) Support Structure Type: GTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	5) Location Name: POINT SIX
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-02-22.9		8) Longitude (DDD-MM-SS.S): 113-59-17.1	NAD83 <input type="radio"/> N or <input type="radio"/> S
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 2390.7	14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		NAD83 <input type="radio"/> N or <input type="radio"/> S	NAD83 <input type="radio"/> E or <input type="radio"/> W
20) Do you propose to operate in an area that requires frequency coordination with Canada?			(<input type="radio"/>) Yes <input checked="" type="radio"/> No
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(<input type="radio"/>) Yes <input checked="" type="radio"/> No
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ____/____/____			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application?			(<input type="radio"/>) Yes <input checked="" type="radio"/> No
24) Do you propose to operate in an area that requires frequency coordination with Mexico?			(<input type="radio"/>) Yes <input checked="" type="radio"/> No

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: HAMILTON		2) Path number: 1	
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path			
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal	

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 21.3	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 1.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 8.2	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes (<input type="checkbox"/>) No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="checkbox"/>) Yes (<input checked="" type="checkbox"/>) No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="checkbox"/>) Yes (<input checked="" type="checkbox"/>) No			

Final Receiver

21) Receiver Location Name: POINT SIX		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: UA8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 7.6	26) RX Antenna Beamwidth (degrees): 1.5	27) RX Antenna Gain (dBi): 41.6
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

**FCC Form 601
Schedule I**

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: HAMILTON	2) Path Number: 1
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	71.5	30M0D7W (A)	150000.0	128TCM
	New 006152.75000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:21:39
File Number: 0005688036

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688036
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Description of Legal Entity) _____		
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: HAVRE	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-33-13.8		8) Longitude (DDD-MM-SS.S): 109-42-50.5	
9) Street Address, Name of Landing Area, or Other Location Description: 1866 2nd Street West			
10) City: West Havre		11) State: MT	
		12) County/Borough/Parish: HILL	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 797.8		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 18.0	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 18.0	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MOUNT ROYAL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-51-15.8		8) Longitude (DDD-MM-SS.S): 111-08-36.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2349.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada?		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico?		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	

FCC Form 601

Schedule I
Supplement 2

Path Data

Transmit Location

1) Transmit location name: HAVRE		2) Path number: 1	
3) Action Requested: (<input checked="" type="radio"/>) Add New Path <input type="radio"/> Modify Existing Path <input type="radio"/> Delete Existing Path			
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Fixed One-way Inbound Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal	
() Multiple Two-way Master-Remote/Nodal-User		() Multiple One-way Outbound Master () Mobile Master	

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 16.8	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 288.2	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? Include explanation in waiver exhibit. () Yes <input checked="" type="radio"/> No			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input checked="" type="radio"/> No			

Final Receiver

21) Receiver Location Name: MOUNT ROYAL		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
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3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

**FCC Form 601
Schedule I**

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: HAVRE	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	71.6	30M0D7W (A)	150000.0	128TCM
	New 006034.15000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:24:05
 File Number: 0005688037

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688037
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: KALISPELL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): 1000719			
7) Latitude (DD-MM-SS.S): 48-11-44.0		8) Longitude (DDD-MM-SS.S): 114-18-38.0	
9) Street Address, Name of Landing Area, or Other Location Description: 333 1ST AVE E			
10) City: KALISPELL		11) State: MT	
		12) County/Borough/Parish: FLATHEAD	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 900.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 24.4	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 24.4	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MOUNT AENEAS	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-09-11.4		8) Longitude (DDD-MM-SS.S): 113-55-46.7	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2154.9		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 2154.9	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 2154.9			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: BLACKTAIL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-00-48.0		8) Longitude (DDD-MM-SS.S): 114-21-58.0	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2035.8		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No	
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.		() <u>Yes</u> No	
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application?		() <u>Yes</u> No	
24) Do you propose to operate in an area that requires frequency coordination with Mexico?		() <u>Yes</u> No	

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: KALISPELL		2) Path number: 1
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD6-59B	
7) Height to Center of Antenna AGL (meters): 22.9	8) Beamwidth (degrees): 1.8	9) Antenna Gain (dBi): 38.7	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 2.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 99.3	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? Include explanation in waiver exhibit. () Yes <input checked="" type="radio"/> No			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input checked="" type="radio"/> No			

Final Receiver

21) Receiver Location Name: MOUNT AENEAS		
22) Receiver antenna manufacturer: Commscope		23) Receiver antenna model number: PL6-59E
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.8	27) RX Antenna Gain (dBi): 38.9
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

**Schedule I
Supplement 2**

Path Data

Transmit Location

1) Transmit location name: KALISPELL	2) Path number: 2
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path	
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way () Multiple Two-way Master-Remote/Nodal-User Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master	4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: SUL6-107B	
7) Height to Center of Antenna AGL (meters): 22.9	8) Beamwidth (degrees): 1.0	9) Antenna Gain (dBi): 44.0	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 3.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 191.6	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: BLACKTAIL		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: SUL6-107B
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 35.0	26) RX Antenna Beamwidth (degrees): 1.0	27) RX Antenna Gain (dBi): 44.0
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
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3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

**FCC Form 601
Schedule I**

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: KALISPELL	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	69.4	30M0D7W (A)	150000.0	128TCM
	New 006063.80000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: KALISPELL	2) Path Number: 2
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	66.6	30M0D7W (A)	150000.0	128TCM
	New 011245.00000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8711E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
W	Waiver Request	03/12/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:25:33
File Number: 0005688038

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688038
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
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Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: MISSOULA	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 46-52-02.2		8) Longitude (DDD-MM-SS.S): 114-00-40.0	
9) Street Address, Name of Landing Area, or Other Location Description: 924 South Third St. West			
10) City: Missoula		11) State: MT	
		12) County/Borough/Parish: MISSOULA	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 973.8		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 10.1	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 10.1	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: POINT SIX	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-02-22.9		8) Longitude (DDD-MM-SS.S): 113-59-17.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2390.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 2390.7	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 2390.7			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: MISSOULA		2) Path number: 1
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: SUL4-107A	
7) Height to Center of Antenna AGL (meters): 7.6	8) Beamwidth (degrees): 1.5	9) Antenna Gain (dBi): 40.5	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 4.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 5.2	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: POINT SIX		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: SUL4-107A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 7.6	26) RX Antenna Beamwidth (degrees): 1.5	27) RX Antenna Gain (dBi): 40.5
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: MISSOULA	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	63.9	30M0D7W (A)	150000.0	128TCM
	New 011365.00000000						
	11) Transmitter Manufacturer		12) Transmitter Model	13) Automatic Transmitter Power Control			
	Alcatel-Lucent USA, Inc.		MDR-8711E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:27:38
File Number: 0005688039

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688039
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 3
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
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Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="radio"/>)Yes/<input checked="" type="radio"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="radio"/>)Yes/<input checked="" type="radio"/>No		
7) Has frequency coordination been completed for this application? (<input type="radio"/>)Yes/<input checked="" type="radio"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: MOUNT AENEAS	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-09-11.4		8) Longitude (DDD-MM-SS.S): 113-55-46.7	
9) Street Address, Name of Landing Area, or Other Location Description: 29.0 km ESE of Kalispell			
10) City: Kalispell		11) State: MT	
		12) County/Borough/Parish: FLATHEAD	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2154.9		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 8.2	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 8.2	
16) Support Structure Type: BANT			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: POLSON	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-40-41.8		8) Longitude (DDD-MM-SS.S): 114-08-33.4	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1036.3		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MOUNT BALDY	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-19-04.7		8) Longitude (DDD-MM-SS.S): 113-09-15.4	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2349.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 2349.7	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 2349.7			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> <u>No</u>			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> <u>No</u> If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ____/____/____			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> <u>No</u>			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> <u>No</u>			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 4	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: KALISPELL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-11-44.0		8) Longitude (DDD-MM-SS.S): 114-18-38.0	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 900.7		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner)	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 5	
3) Location Description: R Receive Location		4) Area of Operation Code:	5) Location Name: ALLEN PEAK
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-57-01.4		NAD83 (<input checked="" type="radio"/> N) <u>N</u> or <u>S</u>	8) Longitude (DDD-MM-SS.S): 115-24-17.5
NAD83 (<input checked="" type="radio"/> W) <u>E</u> or <u>W</u>			
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1966.2	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		NAD83 (<input type="radio"/>) <u>N</u> or <u>S</u>	19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --
		NAD83 (<input type="radio"/>) <u>E</u> or <u>W</u>	
20) Do you propose to operate in an area that requires frequency coordination with Canada?			(<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application?			(<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No
24) Do you propose to operate in an area that requires frequency coordination with Mexico?			(<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No

FCC Form 601

**Schedule I
Supplement 2**

Path Data

Transmit Location

1) Transmit location name: MOUNT AENEAS		2) Path number: 1	
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path			
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal	

Transmit Antenna

5) Antenna Manufacturer: Commscope		6) Antenna Model Number: PL8-59F	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.5	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -1.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 196.9	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input checked="" type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input checked="" type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: POLSON		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 12.5	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: MOUNT AENEAS		2) Path number: 3
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: Commscope		6) Antenna Model Number: PL6-59E	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.8	9) Antenna Gain (dBi): 38.9	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -3.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 279.6	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes (<input type="radio"/>) No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes (<input type="radio"/>) No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes (<input checked="" type="radio"/>) No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes (<input checked="" type="radio"/>) No			

Final Receiver

21) Receiver Location Name: KALISPELL		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD6-59B
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 22.9	26) RX Antenna Beamwidth (degrees): 1.8	27) RX Antenna Gain (dBi): 38.7
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601**Schedule I
Supplement 2****Path Data****Transmit Location**

1) Transmit location name: MOUNT AENEAS		2) Path number: 4
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAL12-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 0.9	9) Antenna Gain (dBi): 44.8	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 259.0	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input type="radio"/>) Yes (<input checked="" type="radio"/>) No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input type="radio"/>) Yes (<input checked="" type="radio"/>) No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes (<input checked="" type="radio"/>) No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes (<input checked="" type="radio"/>) No			

Final Receiver

21) Receiver Location Name: ALLEN PEAK		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD10-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.2	27) RX Antenna Gain (dBi): 43.2
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
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3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

FCC Form 601
Schedule I

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: MOUNT AENEAS	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.8	30M0D7W (A)	150000.0	128TCM
	New 006197.24000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT AENEAS	2) Path Number: 2
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.3	30M0D7W (A)	150000.0	128TCM
	New 006404.79000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT AENEAS	2) Path Number: 3
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	70.5	30M0D7W (A)	150000.0	128TCM
	New 006315.84000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT AENEAS	2) Path Number: 4
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	75.7	30M0D7W (A)	150000.0	128TCM
	New 006286.19000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:29:49
 File Number: 0005688040

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688040
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____/____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 2
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust <input type="checkbox"/> Government Entity
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: POINT SIX	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-02-22.9		8) Longitude (DDD-MM-SS.S): 113-59-17.1	
9) Street Address, Name of Landing Area, or Other Location Description: 16.1 km North of Missoula			
10) City: Missoula		11) State: MT	
		12) County/Borough/Parish: MISSOULA	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2390.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 9.8	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 9.8	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: POLSON	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-40-41.8		8) Longitude (DDD-MM-SS.S): 114-08-33.4	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1036.3		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MISSOULA	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 46-52-02.2		8) Longitude (DDD-MM-SS.S): 114-00-40.0	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 973.8		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 4	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: HAMILTON	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 46-14-46.1		8) Longitude (DDD-MM-SS.S): 114-09-22.2	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1091.1		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 5	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: STEVENVILLE	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 46-30-40.8		8) Longitude (DDD-MM-SS.S): 114-06-03.5	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 1005.0		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 6	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: BLACKTAIL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-00-48.0		8) Longitude (DDD-MM-SS.S): 114-21-58.0	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2035.8		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601**Schedule I
Supplement 2****Path Data****Transmit Location**

1) Transmit location name: POINT SIX	2) Path number: 1
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path	
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master	4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: Commscope	6) Antenna Model Number: HP10-59G	
7) Height to Center of Antenna AGL (meters): 7.6	8) Beamwidth (degrees): 1.1	9) Antenna Gain (dBi): 43.3
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):
13) Elevation (Tilt) Angle (degrees): -1.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 350.7
16) Periscope Reflector Dimensions (meters): Height: Width:	17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.		
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No		
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.		
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____		
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input type="radio"/> No Include explanation in waiver exhibit.		
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input type="radio"/> No		

Final Receiver

21) Receiver Location Name: POLSON		
22) Receiver antenna manufacturer: Commscope	23) Receiver antenna model number: HP10-59G	
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 12.5	26) RX Antenna Beamwidth (degrees): 1.1	27) RX Antenna Gain (dBi): 43.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:	32) RX Periscope Reflector Separation (meters):	

FCC Form 601**Schedule I
Supplement 2****Path Data****Transmit Location**

1) Transmit location name: POINT SIX		2) Path number: 2
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: SUL4-107A	
7) Height to Center of Antenna AGL (meters): 7.6	8) Beamwidth (degrees): 1.5	9) Antenna Gain (dBi): 40.5	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -4.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 185.2	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input checked="" type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input checked="" type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: MISSOULA		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: SUL4-107A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 7.6	26) RX Antenna Beamwidth (degrees): 1.5	27) RX Antenna Gain (dBi): 40.5
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

Schedule I
Supplement 2

Path Data

Transmit Location

1) Transmit location name: POINT SIX		2) Path number: 4	
3) Action Requested: (<input checked="" type="checkbox"/>) A Add New Path <input type="checkbox"/> M Modify Existing Path <input type="checkbox"/> D Delete Existing Path			
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Fixed One-way Inbound Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal	

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: UA8-59A	
7) Height to Center of Antenna AGL (meters): 7.6	8) Beamwidth (degrees): 1.5	9) Antenna Gain (dBi): 41.6	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -2.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 188.4	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) N Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) N Yes <input type="checkbox"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: STEVENVILLE		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 7.6	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
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3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: POINT SIX	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	74.7	30M0D7W (A)	150000.0	128TCM
	New 006315.84000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: POINT SIX	2) Path Number: 2
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	64.7	30M0D7W (A)	150000.0	128TCM
	New 010875.00000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8711E -150	N			

1) Transmit Location Name: POINT SIX	2) Path Number: 3
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.3	30M0D7W (A)	150000.0	128TCM
	New 006404.79000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: POINT SIX	2) Path Number: 4
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.3	30M0D7W (A)	150000.0	128TCM
	New 006315.84000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: POINT SIX	2) Path Number: 5
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.1	30M0D7W (A)	150000.0	128TCM
	New 005945.20000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:31:19
File Number: 0005688042

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
3060 - 0798
See instructions for
public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688042
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____ / ____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 2
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Description of Legal Entity) _____		
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
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Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: POLSON	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): 1002161			
7) Latitude (DD-MM-SS.S): 47-40-41.8		8) Longitude (DDD-MM-SS.S): 114-08-33.4	
9) Street Address, Name of Landing Area, or Other Location Description: POLSON RIDGE - SKYLINE DR			
10) City: POLSON		11) State: MT	
		12) County/Borough/Parish: LAKE	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1036.3		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 14.0	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 14.0	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	5) Location Name: MOUNT AENEAS
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-09-11.4		8) Longitude (DDD-MM-SS.S): 113-55-46.7	NAD83 (<input checked="" type="radio"/> N) <u>N</u> or <u>S</u>
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2154.9	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 2154.9	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 2154.9	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
			NAD83 () <u>E</u> or <u>W</u>
20) Do you propose to operate in an area that requires frequency coordination with Canada?			() <u>Yes</u> No
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			() <u>Yes</u> No
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ____/____/____			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application?			() <u>Yes</u> No
24) Do you propose to operate in an area that requires frequency coordination with Mexico?			() <u>Yes</u> No

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	5) Location Name: POINT SIX
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-02-22.9		8) Longitude (DDD-MM-SS.S): 113-59-17.1	NAD83 (<input checked="" type="radio"/> N) <u>N</u> or <u>S</u>
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:	11) State:		12) County/Borough/Parish:
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2390.7	14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 2390.7	15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 2390.7	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
NAD83 (<input type="radio"/>) <u>N</u> or <u>S</u>		NAD83 (<input type="radio"/>) <u>E</u> or <u>W</u>	
20) Do you propose to operate in an area that requires frequency coordination with Canada? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311. (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? (<input type="radio"/>) <u>Yes</u> <input checked="" type="radio"/> No			

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: POLSON		2) Path number: 2
3) Action Requested: (<input checked="" type="radio"/>) A Add New Path <input type="radio"/> M Modify Existing Path <input type="radio"/> D Delete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: Commscope		6) Antenna Model Number: HP10-59G	
7) Height to Center of Antenna AGL (meters): 12.5	8) Beamwidth (degrees): 1.1	9) Antenna Gain (dBi): 43.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 1.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 170.6	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? Include explanation in waiver exhibit. (<input type="radio"/>) Yes <input checked="" type="radio"/> No			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			

Final Receiver

21) Receiver Location Name: POINT SIX		
22) Receiver antenna manufacturer: Commscope		23) Receiver antenna model number: HP10-59G
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 7.6	26) RX Antenna Beamwidth (degrees): 1.1	27) RX Antenna Gain (dBi): 43.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

FCC Form 601
Schedule I

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: POLSON	2) Path Number: 1
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.5	30M0D7W (A)	150000.0	128TCM
	New 005945.20000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: POLSON	2) Path Number: 2
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	74.5	30M0D7W (A)	150000.0	128TCM
	New 006063.80000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:32:50
 File Number: 0005688043

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688043
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____/____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---	--

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: STEVENVILLE	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 46-30-40.8		8) Longitude (DDD-MM-SS.S): 114-06-03.5	
9) Street Address, Name of Landing Area, or Other Location Description: 0.6 km W of Main & 2nd St. Intersection			
10) City: Stevensville		11) State: MT	
		12) County/Borough/Parish: RAVALLI	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1005.0		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 25.6	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 25.6	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: STEVENVILLE	2) Path Number: 1
---	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	71.5	30M0D7W (A)	150000.0	128TCM
	New 006063.80000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:34:23
 File Number: 0005688044

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688044
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____/____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 2
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---	--

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier (**X**) **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

(**X**) **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? (**N**) **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? (**N**) **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? (**N**) **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? (**N**) **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? (**N**) **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
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6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>)Yes/<input checked="" type="checkbox"/>No		
7) Has frequency coordination been completed for this application? (<input checked="" type="checkbox"/>)Yes/<input type="checkbox"/>No		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: WEST KNEE	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-00-54.1		8) Longitude (DDD-MM-SS.S): 111-21-04.7	
9) Street Address, Name of Landing Area, or Other Location Description: 56.6 km North of Great Falls			
10) City: Great Falls		11) State: MT	
		12) County/Borough/Parish: CHOUTEAU	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1175.3		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 24.4	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 24.4	
16) Support Structure Type: LTOWER			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MOUNT ROYAL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-51-15.8		8) Longitude (DDD-MM-SS.S): 111-08-36.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2349.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada?		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico?		(<input type="radio"/>) Yes <input checked="" type="radio"/> No	

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: HIGHWOOD	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-26-31.2		8) Longitude (DDD-MM-SS.S): 110-37-51.1	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 2324.1		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: WEST KNEE	2) Path number: 1
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path	
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master	4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS	6) Antenna Model Number: PAD10-59A	
7) Height to Center of Antenna AGL (meters): 21.3	8) Beamwidth (degrees): 1.2	9) Antenna Gain (dBi): 43.2
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 9.3
16) Periscope Reflector Dimensions (meters): Height: Width:	17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.		
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No		
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.		
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____		
20b) Does the applicant certify that there is no alternative to the proposed transmission path? Include explanation in waiver exhibit. () Yes <input checked="" type="checkbox"/> No		
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input checked="" type="checkbox"/> No		

Final Receiver

21) Receiver Location Name: MOUNT ROYAL		
22) Receiver antenna manufacturer: RFS	23) Receiver antenna model number: PAD10-59A	
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.2	27) RX Antenna Gain (dBi): 43.2
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:	32) RX Periscope Reflector Separation (meters):	

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: WEST KNEE		2) Path number: 2
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD10-59A	
7) Height to Center of Antenna AGL (meters): 21.3	8) Beamwidth (degrees): 1.2	9) Antenna Gain (dBi): 43.2	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 139.4	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: HIGHWOOD		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD10-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.2	27) RX Antenna Gain (dBi): 43.2
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

**FCC Form 601
Schedule I**

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: WEST KNEE	2) Path Number: 1
---	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	74.1	30M0D7W (A)	150000.0	128TCM
	New 006152.75000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: WEST KNEE	2) Path Number: 2
---	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	73.5	30M0D7W (A)	150000.0	128TCM
	New 005945.20000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48a	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:35:47
 File Number: 0005688045

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688045
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____/____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---	--

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>) <u>Yes</u>/<u>No</u>		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>) <u>Yes</u>/<u>No</u>		
7) Has frequency coordination been completed for this application? (<input type="checkbox"/>) <u>Yes</u>/<u>No</u>		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated

8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: HIGHWOOD	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-26-31.2		8) Longitude (DDD-MM-SS.S): 110-37-51.1	
9) Street Address, Name of Landing Area, or Other Location Description: 51.2 km East of Great Falls			
10) City: Great Falls		11) State: MT	
		12) County/Borough/Parish: CHOUTEAU	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2324.1		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 8.2	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 8.2	
16) Support Structure Type: BANT			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: GREAT FALLS	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-29-36.6		8) Longitude (DDD-MM-SS.S): 111-15-24.4	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1064.9		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 4	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: WEST KNEE	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-00-54.1		8) Longitude (DDD-MM-SS.S): 111-21-04.7	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1175.3		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 5	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: LEWISTOWN	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 47-04-29.8		8) Longitude (DDD-MM-SS.S): 109-24-34.4	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 1219.2		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
		20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No	
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.		() <u>Yes</u> No	
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: HIGHWOOD		2) Path number: 1
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD6-59B	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.8	9) Antenna Gain (dBi): 38.7	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -2.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 355.3	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes <input checked="" type="radio"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			

Final Receiver

21) Receiver Location Name: FORT BENTON		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD6-59B
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.8	27) RX Antenna Gain (dBi): 38.7
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: HIGHWOOD		2) Path number: 2
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: Commscope		6) Antenna Model Number: PL6-59E	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.8	9) Antenna Gain (dBi): 38.9	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -2.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 277.1	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes <input checked="" type="radio"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			

Final Receiver

21) Receiver Location Name: GREAT FALLS		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 7.6	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: HIGHWOOD		2) Path number: 4
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -1.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 113.4	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes <input checked="" type="radio"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes <input checked="" type="radio"/> No			

Final Receiver

21) Receiver Location Name: LEWISTOWN		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 10.7	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
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3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

FCC Form 601
Schedule I

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: HIGHWOOD	2) Path Number: 1
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	70.4	30M0D7W (A)	150000.0	128TCM
	New 006286.19000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: HIGHWOOD	2) Path Number: 2
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	70.5	30M0D7W (A)	150000.0	128TCM
	New 006256.54000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: HIGHWOOD	2) Path Number: 3
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	74.8	30M0D7W (A)	150000.0	128TCM
	New 006197.24000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: HIGHWOOD	2) Path Number: 4
--	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.8	30M0D7W (A)	150000.0	128TCM
	New 006226.89000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48 Response	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:41:14
 File Number: 0005688047

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
-------------------------------------	----------------------------------

General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u> es <u>N</u> o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688047
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____/____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u> es <u>N</u> o
8) Are attachments being filed with this application?	(Y) <u>Y</u> es <u>N</u> o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(Y) <u>Y</u> es <u>N</u> o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): <u>2</u>
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u> es <u>N</u> o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust
<input type="checkbox"/> Consortium	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Description of Legal Entity) _____		
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race:	Ethnicity:	Gender:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White		

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>) <u>Yes</u> / <input type="checkbox"/> <u>No</u>		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point (<input type="checkbox"/>) 18 GHz Low Power <input type="checkbox"/> Multiple Address System (MAS) (<input type="checkbox"/>) 31 GHz <input type="checkbox"/> Temporary Fixed/Mobile (<input type="checkbox"/>) 38 GHz <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>) <u>Yes</u> / <input type="checkbox"/> <u>No</u>		
7) Has frequency coordination been completed for this application? (<input type="checkbox"/>) <u>Yes</u> / <input type="checkbox"/> <u>No</u>		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated			
8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/>) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: MOUNT BALDY	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-19-04.7		8) Longitude (DDD-MM-SS.S): 113-09-15.4	
9) Street Address, Name of Landing Area, or Other Location Description: 14.5 km SSE of East Glacier			
10) City: East Glacier		11) State: MT	
		12) County/Borough/Parish: GLACIER	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2349.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 7.3	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 7.3	
16) Support Structure Type: BANT			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: MOUNT AENEAS	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-09-11.4		8) Longitude (DDD-MM-SS.S): 113-55-46.7	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2154.9		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 2154.9	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 2154.9			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: CUT BANK	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-37-35.9		8) Longitude (DDD-MM-SS.S): 112-19-10.7	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 1179.4		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 4	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: SHELBY	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-30-45.6		8) Longitude (DDD-MM-SS.S): 111-50-52.5	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 1025.3		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601**Schedule I
Supplement 2****Path Data****Transmit Location**

1) Transmit location name: MOUNT BALDY	2) Path number: 1
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path	
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master	4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS	6) Antenna Model Number: PAD10-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.2	9) Antenna Gain (dBi): 43.2
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):
13) Elevation (Tilt) Angle (degrees): 0.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 252.6
16) Periscope Reflector Dimensions (meters): Height: Width:	17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.		
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No		
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.		
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____		
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input type="checkbox"/> No Include explanation in waiver exhibit.		
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input type="checkbox"/> No		

Final Receiver

21) Receiver Location Name: MOUNT AENEAS		
22) Receiver antenna manufacturer: RFS	23) Receiver antenna model number: PAD8-59A	
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 6.1	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:	32) RX Periscope Reflector Separation (meters):	

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: MOUNT BALDY		2) Path number: 2
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -1.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 60.6	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input checked="" type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input checked="" type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: CUT BANK		
22) Receiver antenna manufacturer: Commscope		23) Receiver antenna model number: PL6-59E
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 9.1	26) RX Antenna Beamwidth (degrees): 1.8	27) RX Antenna Gain (dBi): 38.9
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601

Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: MOUNT BALDY		2) Path number: 3
3) Action Requested: (<input checked="" type="radio"/>) A dd New Path <input type="radio"/> M odify Existing Path <input type="radio"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD10-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.2	9) Antenna Gain (dBi): 43.2	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -1.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 76.9	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes <input type="radio"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes <input type="radio"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes <input type="radio"/> No			

Final Receiver

21) Receiver Location Name: SHELBY		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD10-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 16.8	26) RX Antenna Beamwidth (degrees): 1.2	27) RX Antenna Gain (dBi): 43.2
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
----------------------------	-----------------

3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

FCC Form 601
Schedule I

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: MOUNT BALDY	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	74.5	30M0D7W (A)	150000.0	128TCM
	New 006152.75000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT BALDY	2) Path Number: 2
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.6	30M0D7W (A)	150000.0	128TCM
	New 005974.85000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT BALDY	2) Path Number: 3
---	--------------------------

Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	74.8	30M0D7W (A)	150000.0	128TCM
	New 006093.45000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48 Response	03/12/2013

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 03/14/2013 at 11:42:53
 File Number: 0005688049

FCC 601
Main Form

FCC Application for Wireless Telecommunications Bureau Radio Service Authorization

Approved by OMB
 3060 - 0798
 See instructions for
 public burden estimate

1) Radio Service Code: MG	1a) Existing Radio Service Code:
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General Information

2) (Select only one) (AM) NE - New RO - Renewal Only AU - Administrative Update NT - Required Notifications MD - Modification RM - Renewal/Modification WD - Withdrawal of Application EX - Requests for Extension of Time AM - Amendment CA - Cancellation of License DU - Duplicate License RL - Registered Location/Link	
3a) If this application is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(N) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	() <u>Y</u>es <u>N</u>o
4) If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number 0005688049
5) If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign
6) If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD ____/____
7) Is this application "major" as defined in §1.929 of the Commission's rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N) <u>Y</u>es <u>N</u>o
8) Are attachments being filed with this application?	(<u>Y</u>) <u>Y</u>es <u>N</u>o

Fees, Waivers, and Exemptions

9) Is the applicant exempt from FCC application fees?	(N) <u>Y</u>es <u>N</u>o
10) Is the applicant exempt from FCC regulatory fees?	(N) <u>Y</u>es <u>N</u>o
11a) Does this application include a request for a Waiver of the Commission's rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(<u>Y</u>) <u>Y</u>es <u>N</u>o
11b) If 11a is 'Y', enter the number of rule section(s) being waived.	Number of Rule Section(s): 2
12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) <u>Y</u>es <u>N</u>o

Applicant Information

13) FCC Registration Number (FRN): 0002526580			
14) Applicant/Licensee legal entity type: (Select One) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity <input type="checkbox"/> Consortium <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Description of Legal Entity) _____			
15) If the licensee name is being updated, is the update a result from the sale (or transfer of control) of the license(s) to another party and for which proper Commission approval has not been received or proper notification not provided?			() <u>Yes</u> <u>No</u>
16) First Name (if individual):	MI:	Last Name:	Suffix:
17) Legal Entity Name (if other than individual): Charter Communications Operating, LLC			
18) Attention To: Alexis Anderten			
19) P.O. Box:	And/Or	20) Street Address: 12444 Powerscourt Drive	
21) City: St. Louis	22) State: MO	23) Zip Code: 63131	
24) Telephone Number: (303)323-1423		25) FAX: (303)323-1313	
26) E-Mail Address: charterfcc@chartercom.com			

27) Demographics (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---	--

Real Party in Interest

28) Name of Real Party in Interest of Applicant (If different from applicant):	29) FCC Registration Number (FRN) of Real Party in Interest:
--	--

Contact Information (If different from the applicant)

30) First Name: Steven	MI: J	Last Name: Horvitz	Suffix:
31) Company Name: Davis Wright Tremaine LLP			
32) Attention To:			
33) P.O. Box:	And /Or	34) Street Address: 1919 Pennsylvania Ave., NW, Suite 800	
35) City: Washington	36) State: DC	37) Zip Code: 20006-3401	
38) Telephone Number: (202)973-4228		39) FAX:	
40) E-Mail Address: stevehorvitz@dwt.com			

Regulatory Status

41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):

() **C**ommon Carrier () **N**on-Common Carrier () **P**rivate, internal communications () **B**roadcast Services () **B**and **M**anager

Type of Radio Service

42) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):

() **F**ixed () **M**obile () **R**adiolocation () **S**atellite (sound) () **B**roadcast Services

43) Interconnected Service? () **N** **Y**es **N**o

Alien Ownership Questions

44) Is the applicant a foreign government or the representative of any foreign government? () **N** **Y**es **N**o

45) Is the applicant an alien or the representative of an alien? () **Y**es **N**o

46) Is the applicant a corporation organized under the laws of any foreign government? () **Y**es **N**o

47) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48a) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? () **Y**es **N**o

48b) If the answer to the above question is 'Y', has the applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application? () **Y**es **N**o

If the answer to 48b is 'N', attach to this application a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.

Basic Qualification Questions

49) Has the applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? () **N** **Y**es **N**o

50) Has the applicant or any party to this application, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court? () **N** **Y**es **N**o

51) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? () **N** **Y**es **N**o

Aeronautical Advisory Station (Unicom) Certification

52) () I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () **Y**es **N**o

53b) If the answer to question 53a is yes, does applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? () **Y**es **N**o

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () **Y**es **N**o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

1)	The 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 an authorization in accordance with this application.
2)	The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
4)	The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
5)	The applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's rules.
6)	The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The applicant certifies that it has reviewed the appropriate Commission rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: Saconna	MI:	Last Name: Blair	Suffix:
57) Title: VP of Technical Operations			
Signature: Saconna Blair			58) Date: 03/14/2013
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).			

**Technical Data Schedule for the
Fixed Microwave and Microwave Broadcast Auxiliary Services
(Parts 101 and 74)**

Administrative Information

1) Is this application being filed as part of a pack? (<input type="checkbox"/>) <u>Yes</u>/<u>No</u>		
2a) If the answer to Item 1 is 'Yes', enter the pack identification number (required if the pack identification number has already been assigned by the FCC):		
2b) Pack Name:		
3) Type of Operation (refer to instructions) Check One Only: <input checked="" type="checkbox"/> Permanent Fixed Point to Point <input type="checkbox"/> Multiple Address System (MAS) <input type="checkbox"/> Temporary Fixed/Mobile <input type="checkbox"/> Digital Electronic Message Service (DEMS)	4) Station Class: FXO	5) DEMS only: SMSA:
6) If this request is for a Modification, Renewal/Modification, or Amendment of a currently pending application, does it, along with all minor Modification or Amendment requests filed since you applied for a new authorization or since the last major action was granted by the Commission, produce a cumulative effect that would equal or exceed the criteria for a major filing? (<input type="checkbox"/>) <u>Yes</u>/<u>No</u>		
7) Has frequency coordination been completed for this application? (<input type="checkbox"/>) <u>Yes</u>/<u>No</u>		

Frequency Coordinator Information

Complete Items 8 through 11 if not self-coordinated

8) Frequency Coordination Number	9) Name of Frequency Coordinator	10) Telephone Number	11) Coordination Date

Broadcast Auxiliary Only

If there is an associated Parent Station, provide:	12a) Facility Id of Parent Station:	12b) Radio Service of Parent Station:	12c) City and State of Parent Station Principal Community:
If there is no associated parent station, applicant certifies that it is a Broadcast Network Entity and completes Item 13.			13) State of Primary Operation:

Control Point (Technical Point of Contact)

14) Action A/M	15) Location Street Address, City or Town, County/Borough/Parish, State	16) Telephone Number

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 1	
3) Location Description: T Transmit Location		4) Area of Operation Code:	
		5) Location Name: MOUNT ROYAL	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-51-15.8		8) Longitude (DDD-MM-SS.S): 111-08-36.1	
9) Street Address, Name of Landing Area, or Other Location Description: 45.1 km NNWof Chester			
10) City: Chester		11) State: MT	
		12) County/Borough/Parish: LIBERTY	
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 2349.7		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 6.1	
		15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 6.1	
16) Support Structure Type: BANT			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

**FCC 601
Schedule I
Supplement 1**

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 2	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: HAVRE	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-33-13.8		8) Longitude (DDD-MM-SS.S): 109-42-50.5	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 797.8		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 797.8	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 797.8			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code 'O')			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 3	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: CUT BANK	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-37-35.9		8) Longitude (DDD-MM-SS.S): 112-19-10.7	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 1179.4		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 4	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: WEST KNEE	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-00-54.1		8) Longitude (DDD-MM-SS.S): 111-21-04.7	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 1175.3		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

Location Data

1) Action Requested: (<input checked="" type="radio"/>) A <u>Add</u> <input type="radio"/> M <u>Mod</u> <input type="radio"/> D <u>Del</u>		2) Location Number: 5	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: CONRAD	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-11-10.9		8) Longitude (DDD-MM-SS.S): 111-56-19.5	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 1078.1		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
		15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):	
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> <input checked="" type="radio"/> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> <input checked="" type="radio"/> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> <input checked="" type="radio"/> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> <input checked="" type="radio"/> No			

Location Data

1) Action Requested: (<input type="radio"/> A) Add <input type="radio"/> Mod <input type="radio"/> Del		2) Location Number: 6	
3) Location Description: R Receive Location		4) Area of Operation Code:	
		5) Location Name: SHELBY	
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required):			
7) Latitude (DD-MM-SS.S): 48-30-45.6		8) Longitude (DDD-MM-SS.S): 111-50-52.5	
9) Street Address, Name of Landing Area, or Other Location Description:			
10) City:		11) State:	
12) County/Borough/Parish:			
13) Elevation of Site AMSL (meters) (‘a’ in antenna structure example): 1025.3		14) Overall Ht AGL Without Appurtenances (meters) (‘b’ in antenna structure example):	
15) Overall Ht AGL With Appurtenances (meters) (‘c’ in antenna structure example):			
16) Support Structure Type:			
17) Radius (km):			
18) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner) --		19) Maximum Longitude (DDD-MM-SS.S): Use for rectangle only (Northwest corner) --	
20) Do you propose to operate in an area that requires frequency coordination with Canada? () <u>Yes</u> No			
21) Description: (only for Area of Operation Code ‘O’)			
22) Would Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. () <u>Yes</u> No If ‘Yes’, submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			
23a) If the site is located in one of the Quiet Zones listed in Item 23b of the Instructions, provide the date (mm/dd/yyyy) that the proper Quiet Zone entity was notified: ___/___/___			
23b) Has the applicant obtained prior written consent from the proper Quiet Zone entity for the same technical parameters that are specified in this application? () <u>Yes</u> No			
24) Do you propose to operate in an area that requires frequency coordination with Mexico? () <u>Yes</u> No			

FCC Form 601

**Schedule I
Supplement 2**

Path Data

Transmit Location

1) Transmit location name: MOUNT ROYAL		2) Path number: 2	
3) Action Requested: (<input checked="" type="radio"/>) A Add New Path <input type="radio"/> M Modify Existing Path <input type="radio"/> D Delete Existing Path			
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Fixed One-way Inbound Master		4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal	
() Multiple Two-way Master-Remote/Nodal-User		() Multiple One-way Outbound Master () Mobile Master	

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -1.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 254.1	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="radio"/>) Yes (<input type="radio"/>) No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="radio"/>) Yes (<input type="radio"/>) No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="radio"/>) Yes (<input checked="" type="radio"/>) No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="radio"/>) Yes (<input checked="" type="radio"/>) No			

Final Receiver

21) Receiver Location Name: CUT BANK		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD8-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 10.7	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

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Schedule I Supplement 2

Path Data

Transmit Location

1) Transmit location name: MOUNT ROYAL		2) Path number: 3
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path		
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS <input type="checkbox"/> Fixed Two-way Master-Remote/Nodal-User <input type="checkbox"/> Multiple Two-way Master-Remote/Nodal-User MAS ONLY <input type="checkbox"/> Fixed One-way Outbound Master <input type="checkbox"/> Multiple One-way Outbound Master <input type="checkbox"/> Fixed One-way Inbound Master <input type="checkbox"/> Mobile Master		4b) Path code (Enter only one per path): MAS <input type="checkbox"/> Master to Remote <input type="checkbox"/> Remote to Master DEMS <input type="checkbox"/> Nodal to User <input type="checkbox"/> User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS		6) Antenna Model Number: PAD10-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.2	9) Antenna Gain (dBi): 43.2	
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):	
13) Elevation (Tilt) Angle (degrees): -1.0	14) Polarization: H	15) Azimuth to RX Location or Passive Repeater (degrees): 189.4	
16) Periscope Reflector Dimensions (meters): Height: Width:		17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.			
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No			
If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.			
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____			
20b) Does the applicant certify that there is no alternative to the proposed transmission path? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No Include explanation in waiver exhibit.			
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? (<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No			

Final Receiver

21) Receiver Location Name: WEST KNEE		
22) Receiver antenna manufacturer: RFS		23) Receiver antenna model number: PAD10-59A
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 21.3	26) RX Antenna Beamwidth (degrees): 1.2	27) RX Antenna Gain (dBi): 43.2
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:		32) RX Periscope Reflector Separation (meters):

FCC Form 601**Schedule I
Supplement 2****Path Data****Transmit Location**

1) Transmit location name: MOUNT ROYAL	2) Path number: 4
3) Action Requested: (<input checked="" type="checkbox"/>) A dd New Path <input type="checkbox"/> M odify Existing Path <input type="checkbox"/> D elete Existing Path	
4a) For MAS or DEMS only, MAS or DEMS Sub-Type of Operation (Enter only one per path): MAS or DEMS () Fixed Two-way Master-Remote/Nodal-User () Multiple Two-way Master-Remote/Nodal-User MAS ONLY () Fixed One-way Outbound Master () Multiple One-way Outbound Master () Fixed One-way Inbound Master () Mobile Master	4b) Path code (Enter only one per path): MAS () Master to Remote () Remote to Master DEMS () Nodal to User () User to Nodal

Transmit Antenna

5) Antenna Manufacturer: RFS	6) Antenna Model Number: PAD8-59A	
7) Height to Center of Antenna AGL (meters): 6.1	8) Beamwidth (degrees): 1.4	9) Antenna Gain (dBi): 41.3
10) Diversity Antenna Height AGL (meters):	11) Diversity Beamwidth (degrees):	12) Diversity Antenna Gain (dBi):
13) Elevation (Tilt) Angle (degrees): -1.0	14) Polarization: V	15) Azimuth to RX Location or Passive Repeater (degrees): 218.6
16) Periscope Reflector Dimensions (meters): Height: Width:	17) Periscope Reflector Separation (meters):	
18) If the final receiver is located outside of the United States, enter the country in the space provided and attach an exhibit explaining circumstances.		
19) Does this path include passive repeater? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No		
20) Does this filing add or modify emanations in the 5925-7075 MHz band pointed within 2 degrees of the Geostationary Satellite Arc, or in the 12700 – 13250 MHz band pointed within 1.5 degrees of the Geostationary Satellite Arc? (<input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No If 'Yes', answer questions 20a, b and c below and attach waiver request explaining circumstances.		
20a) Angular Separation between main beam and Geostationary Satellite Arc (degrees). Include Orbital Calculations in the wavier exhibit. _____		
20b) Does the applicant certify that there is no alternative to the proposed transmission path? () Yes <input type="checkbox"/> No Include explanation in waiver exhibit.		
20c) Does the applicant certify that the proposed operation will not cause interference to an authorized satellite system? () Yes <input type="checkbox"/> No		

Final Receiver

21) Receiver Location Name: CONRAD		
22) Receiver antenna manufacturer: RFS	23) Receiver antenna model number: PAD8-59A	
24) Receiver Call Sign:		
25) Height to Center of RX Antenna AGL (meters): 10.7	26) RX Antenna Beamwidth (degrees): 1.4	27) RX Antenna Gain (dBi): 41.3
28) Diversity RX Antenna Height AGL (meters):	29) Diversity RX Antenna Beamwidth (degrees):	30) Diversity RX Antenna Gain (dBi):
31) RX Periscope Reflector Dimensions (meters): Height: Width:	32) RX Periscope Reflector Separation (meters):	

Passive Repeaters (PR)

Transmit Location

1) Transmit Location Name:	2) Path Number:
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3) Action Requested: () <u>A</u> dd New Passive Repeater <u>M</u> odify Existing Passive Repeater <u>D</u> elete Existing Passive Repeater

Passive Repeater Information

4) Passive Repeater Id: ()		5) Passive Repeater Sequence Number: ()	
6) Passive Repeater Location Name:			
7) Passive Repeater Antenna Manufacturer:		8) Passive Repeater Antenna Model Number:	
9) Height to Center of Passive Repeater Antenna AGL (meters):	10) Back-to-Back RX Dish Gain (dBi):	11) Back-to-Back TX Dish Gain (dBi):	
12) Reflector Dimensions (meters): Height: Width:	13) Transmit Polarization:	14) Azimuth to RX Location or Next Passive Repeater:	

Supplement 4

Frequency Data

Transmitter Location Information

1) Transmit Location Name: MOUNT ROYAL	2) Path Number: 1
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.9	30M0D7W (A)	150000.0	128TCM
	New 006286.19000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT ROYAL	2) Path Number: 2
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	72.9	30M0D7W (A)	150000.0	128TCM
	New 006315.84000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT ROYAL	2) Path Number: 3
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	74.6	30M0D7W (A)	150000.0	128TCM
	New 006404.79000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT ROYAL	2) Path Number: 4
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	73.0	30M0D7W (A)	150000.0	128TCM
	New 006226.89000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

1) Transmit Location Name: MOUNT ROYAL	2) Path Number: 5
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Frequency Information

3) Action A/M/D	4) Lower or Center Frequency (MHZ)	5) Upper Frequency (MHZ)	6) Tolerance (%)	7) EIRP (dBm)	8) Emission Designator	9) Baseband Digital Rate (kbps)	10) Digital Modulation Type
A	Existing (if mod)		0.00100	73.1	30M0D7W (A)	150000.0	128TCM
	New 006256.54000000						
11) Transmitter Manufacturer			12) Transmitter Model	13) Automatic Transmitter Power Control			
Alcatel-Lucent USA, Inc.			MDR-8706E -150	N			

Attachment(s):

Type	Description	Date Entered
W	Waiver Request	03/14/2013
N	Question 48 Response	03/12/2013

REQUEST FOR WAIVER

Charter Communications Operating, LLC (“Charter”) respectfully requests a waiver of Sections 101.103(d), 101.145(b) and 101.603(b)(3) of the Commission’s rules in connection with its applications for new licenses in the private operational fixed point-to-point service (“POFS”) to replace the existing common carrier authorizations licensed to Bresnan Communications, LLC (“Bresnan”) as explained below.^{1/} Specifically, Charter requests that the Commission waive frequency coordination and grant it new POFS licenses that will use the same frequencies, over the same paths, as are currently in use by Bresnan’s existing common carrier licenses. In addition, for certain applications waiver is requested to allow Charter to use the specified POFS frequencies as the final radiofrequency (“RF”) link in the chain of transmission of program material to the Bresnan cable headends. Finally, two of the microwave stations operate under a waiver that allows operation in the 5925 to 6875 MHz frequency band, aimed within 2 degrees of the geostationary satellite orbit. Charter requests a waiver so that its proposed POFS station may operate under precisely the same parameters as the existing Bresnan stations that currently operate under the waiver.

Bresnan provides video and broadband services to 304,073 subscribers over cable television systems that it operates in Montana, Wyoming, Utah and Colorado. A number of these cable systems provide service in remote areas that, due to distance and rugged terrain, cannot receive direct over-the-air access to broadcast television stations, including television stations that are located within the same DMAs as the cable communities.

In order to provide access to these television broadcasts, a number of microwave links were developed over the years by Bresnan’s predecessors serving the cable communities. These microwave links were licensed as Common Carrier Fixed Point-to-Point Microwave Service stations (“Microwave Stations”) and retransmit the broadcast signals, ultimately to cable headends. From there, the signals are retransmitted to Bresnan’s cable customers over the cable system networks serving the relevant cable communities. Some of the microwave stations are used as last links for video traffic while others are merely employed as intermediate hops in the transmission path. Exhibit 1 provides a list of the Microwave Stations showing the function of each of the licensed links.

As noted, Charter will be acquiring control of Bresnan, its cable television systems and associated microwave facilities that serve the cable systems. Charter seeks to obtain new licenses in the POFS to replace each of the existing Microwave Station licenses because the microwave links are more accurately described as non-common services. Each of these POFS licenses would use the same frequencies, paths and facilities currently licensed under the existing Microwave Station licenses. Once the new POFS licenses are granted to Charter, Bresnan will

^{1/} These applications are part of a broader transaction in which Bresnan and Charter seek FCC consent to the transfer of control of Bresnan. The parties have already submitted applications seeking the FCC’s consent to the transfer of control of the cable relay service (“CARS”) licenses and Section 214 authorization held by Bresnan and are submitting simultaneously herewith an application seeking FCC consent to the transfer of control of other wireless licenses held by Bresnan.

surrender the existing Microwave Station licenses in connection with the pending transaction. See Exhibit 2.

As indicated on Exhibit 1, the frequencies used by the Microwave Stations operate in the 5925-6425 MHz and the 10700-11700 MHz bands (the “Frequency Bands”). Although the Frequency Bands are allocated by Commission rules for both the Common Carrier Microwave Service and the POFS, the rules generally prohibit the use of the Frequency Bands in the POFS as the final RF link in the chain of transmission of program material to a multichannel video distributor (“MVPD”).² Because a number of these Microwave Stations provide the final RF link in the chain of transmission of program material to the Bresnan cable systems,³ a waiver of Section 101.603(b)(3) is needed for the operation of these stations in the POFS.⁴ In addition, because the proposed POFS licenses would be operating over the same frequencies and paths and using the same equipment as the Microwave Stations, Charter has not obtained frequency coordination to accompany these applications and a waiver of the frequency coordination requirements of 101.103(d) is requested.

As explained more fully in Exhibit 3, two of the Microwave Stations (WQJQ464 and WQJQ487) currently operate under a waiver of FCC Rule Section 101.145(b) as they transmit in the 5925 to 6875 MHz frequency band and are aimed within 2 degrees of the geostationary satellite orbit. Exhibit 3 was submitted with the original waiver request with Bresnan’s application for these two stations and demonstrates that the stations do not exceed the maximum EIRP under Section 101.145. Charter will operate the two proposed POFS stations that will replace WQJQ464 and WQJQ487 in accordance with the technical specifications of WQJQ464 and WQJQ487. Consequently, there will be no potential for harmful interference into any authorized satellite system with respect to these two proposed POFS stations.

Section 1.925(b)(3)(i) of the Commission’s Rules requires parties seeking a waiver to demonstrate that:

The underlying purpose of the rule(s) would not be served or would be frustrated by application to the instant case, and that a grant of the required waiver would be in the public interest...⁵

A waiver of Sections 101.103(d), 101.145(b) and 101.603(b)(3) is justified under this provision based on the circumstances described above.

² 47 C.F.R. §101.603(b)(3). The rules generally allow the use of the Frequency Bands for the retransmission of program material to MVPDs, except for the final RF link in the chain to an MVPD. 47 C.F.R. §101.603(b)(3). Such final RF MVPD links are permitted for POFS only in the 6452-6525 MHz, the 17,700-18,500 MHz bands and frequencies above 21,200 MHz.

³ The definition of MVPD includes cable television systems. *See* 47 U.S.C. §522(13) and 47 C.F.R. §76.1300(d).

⁴ Exhibit 1 indicates which of the Microwave Stations provides the final RF link in the chain of programming to the Bresnan cable systems.

⁵ 47 C.F.R. §1.925(b)(3)(i). Subsection 1.925(b)(3)(ii) alternatively provides that a waiver will be granted upon a showing that “[i]n view of unique or unusual factual circumstances of the instant case, application of the rule(s) would be inequitable, unduly burdensome or contrary to the public interest, or the applicant has no reasonable alternative.”

Under analogous circumstances, the Wireless Telecommunications Bureau recently granted waivers of Sections 101.103(d) and 101.603(b)(3) to Atlantic Broadband (PENN), L.L.C.⁶ In its request for waiver, Atlantic Broadband explained that it operated a Common Carrier Microwave station using the Frequency Bands that delivered over-the-air broadcast signals from Washington D.C. to a reception station on Irons Mountain, Maryland. From that reception point, Atlantic Broadband carried the broadcast signals by optical fiber to its cable headend in Cumberland, Maryland. The broadcast signals are otherwise unavailable over-the-air in Cumberland because it is located in a valley and blocked by the adjacent mountains.

Atlantic Broadband further explained that the microwave station delivering the broadcast signals was no longer a common carrier service. Because the Frequency Paths were also allocated to the POFS, Atlantic Broadband applied for a POFS license to replace its existing common carrier license, which would operate on precisely the same frequencies, over the same path, and use the same equipment as its existing common carrier microwave license utilized. However, because the microwave station provided the final RF link in the chain of transmission to its Cumberland cable system, Atlantic Broadband sought a waiver of Section 101.603(b)(3). In addition, because the same frequencies and paths would be used for the POFS operations as were already in use, a waiver of the frequency coordination requirements of Section 101.103(d) was sought.

The Bureau concluded that Atlantic Broadband had justified a waiver of the rules because their underlying purposes would not be served or frustrated and that waiver was in the public interest. Specifically, with respect to Section 101.103(d), the Bureau found that:

[W]e determine that no purpose would be served by requiring Atlantic Broadband to undergo the frequency coordination processes set forth in Section 101.103(d), because there is no reason to believe that reclassifying the regulatory status of an existing facility would generate any additional electrical interference. We also find it to be in the public interest to relieve Atlantic Broadband of the burden of undergoing frequency coordination for a facility that is already operating.⁷

The Bureau also waived Section 101.603(b)(3) to allow Atlantic Broadband to use the POFS license to deliver broadcast programming to its Cumberland cable system. In reaching this result the Bureau explained that the original purpose of the rule was to “prevent MVPDs from causing congestion on channels that were allocated for [POFS] and intended primarily for private, internal communications.”⁸ This purpose would not be frustrated:

Because Atlantic Broadband is already using the channels that it proposes to reclassify from common carrier to POFS, issuing the requested license could not increase

⁶ In the Matter of Atlantic Broadband (Penn), L.L.C., Application For New License in the Microwave Industrial/Business Radio Pool Request for Waiver of Sections 101.103(d) and 101.603(b)(3) of the Commission’s Rules, Memorandum Opinion and Order, 27 FCC Rcd. 13082 (2012)(“Atlantic MO&O”).

⁷ Atlantic MO&O at 13084.

⁸ Id.

congestion on POFS channels or deprive other POFS applicants from access to spectrum that would otherwise be available to them.⁹

The Bureau also observed that a similar rule that had prohibited broadcasters from using POFS frequencies as the final RF link to broadcast stations was recently eliminated and that the Frequency Bands were now available to both common carrier and POF services, although originally different frequencies were assigned to each service. Based on these considerations, the Bureau granted the waiver of Section 101.603(b)(3) holding that:

[...A] waiver would not frustrate the underlying purpose of the rule. Furthermore, we find that a waiver would be in the public interest because it would allow Atlantic Broadband to continue relaying programming to its subscribers, and a POFS license would more accurately reflect the nature of Atlantic Broadband's operations.¹⁰

The circumstances in this case are like those in the Atlantic Broadcast MO&O. Like Atlantic Broadband, Charter will continue to deliver broadcast signals from various broadcast stations to its cable headends using the proposed POFS microwave links. Also like Atlantic Broadband, Charter will not use the microwave links to provide common carrier services but proposes to operate the microwave links as POFS stations on precisely the same frequencies, over the same paths and using the same equipment as Bresnan's current common carrier microwave licenses authorize. The FCC should, therefore, similarly find that Charter's continued operation of the microwave links, but as a POFS licensee, will not generate any additional electrical interference and that it would be in the public interest to relieve Charter from the burden of undergoing frequency coordination for a facility Bresnan is already operating. Bresnan has committed to surrender the Microwave Stations following grant of the POFS applications in connection with the pending transaction.

Also like its decision in Atlantic Broadband, the FCC should allow Charter to use the POFS license to deliver broadcast programming as the final link in video distribution path. Charter will use no additional microwave channels if the FCC grants the requested waiver and there will be no additional congestion of channels originally intended for private, internal communications. Indeed, the locations of the affected stations are remote and there was never a danger that the use of these stations would limit entities eligible to obtain POFS authorizations there.

Finally, waiver of the Rule Section 101.145(b) should be granted to allow continued operation of the frequencies and paths now used by Stations WQJQ464 and WQJQ487 in accordance with the waiver previously granted by the FCC to Bresnan for these Stations. Exhibit 3 explains the existing and proposed operational parameters for these paths and establishes that no interference will be caused by Charter's operation of these microwave links as POFS, which will not change from the manner in which Bresnan is now operating them.

Consistent with the waivers granted in the Atlantic MO&O and the waiver of Rule Section 101.145(b) previously granted to Bresnan for the two relevant stations, Charter's waiver requests should be granted. Granting Charter's applications for POFS stations as requested will

⁹ Id.

¹⁰ Id.

more accurately reflect how the stations will be used and allow cable subscribers in the cable communities to continue receiving valued video programming without frustrating the underlying purpose of the rule. In addition, no purpose would be served by requiring additional frequency coordination since the identical frequencies and paths that are now licensed and operating without interference will simply continue operations reclassified as POFS. Finally, a waiver of Rule Section 101.145(b) should be granted because the proposed operation of the two POFS paths replacing WQJQ464 and WQJQ487 will not cause any interference for the same reasons that the FCC has already granted a waiver of this rule for Bresnan's existing stations.

EXHIBIT 1

MICROWAVE STATION LICENSES

WQJQ462	Point Six to Stevensville, Missoula, Polson, Blacktail.	Intermediate
WQJQ463	Blacktail to Kalispell, Point Six,	Last link
WQJQ464	Mt. Anease to Mt. Baldy, Kalispell, Polson	Intermediate
WQJQ465	Cut Bank to Mt. Baldy, Mt Royal	Intermediate
WQJQ466	Hamilton to Point Six	Last link
WQJQ467	Missoula to Point Six	Last link
WQJQ468	Stevensville to Point Six	Last link
WQJQ469	West Knee to Mt. Royal, Highwoods	Intermediate
WQJQ481	Allen Peak to Mt. Anease	Last link
WQJQ482	Great Falls to Highwoods	Last link
WQJQ483	Havre to Mt. Royal	Last link
WQJQ484	Kalispell to Blacktail, Mt. Anease	Intermediate
WQJQ485	Fort Benton to Highwoods	Last link
WQJQ486	Lewistown to Highwoods	Last link
WQJQ487	Shelby to Mt. Baldy, Mt Royal	Intermediate
WQJQ488	Highwoods to Lewistown, West Knee, Great Falls, Fort Benton	Intermediate
WQJQ489	Mt. Royal to Shelby, Cut Bank, Havre, West Knee	Intermediate
WQJQ559	Polson to Mt. Anease, Point Six	Intermediate
WQJQ560	Mt. Baldy to Shelby, Cut Bank	Intermediate

EXHIBIT 2

**BRESNAN COMMUNICATIONS, LLC
1111 STEWART AVENUE
BETHPAGE, NY 11714**

March 12, 2013

Federal Communications Commission
1270 Fairfield Road
Gettysburg, PA 17325

RE: POFS Microwave Consent

Dear Sir or Madam:

Bresnan Communications, LLC (“Bresnan”) is the licensee of the 19 common carrier microwave authorizations listed on Exhibit 1 (the “Stations”). The Stations are currently used in connection with Bresnan’s cable television operations in Montana, Wyoming, Utah, and Colorado. Bresnan understands that Charter Communications Operating, LLC (“Charter”) is applying for new licenses for the existing Stations, in the private operational fixed point-to-point service (“POFS”), instead of the currently licensed common carrier service. The replacement licenses otherwise will use the same equipment, frequencies and paths now used by the Stations to serve the Bresnan cable systems.

Charter has entered into an agreement under which it will acquire control of Bresnan. It is Bresnan’s expectation that as part of that transaction, it will surrender the common carrier licenses for the existing Stations. Accordingly, Bresnan consents to Charter’s application and respectfully requests that the Commission proceed with the processing of the Charter application.

Should you have any questions please contact the undersigned.

Very truly yours,



James Nuzzo
Senior Executive Vice President, Operations and Business Planning

EXHIBIT 3

REQUEST FOR WAIVER
GEOSTATIONARY SATELLITE ORBIT

To whom it may concern:

Applicant is requesting a waiver of FCC Rule Section 101.145 (b) regarding operation in the 5925 to 6875 MHz frequency band, aimed within 2 degrees of the geostationary satellite orbit. The aforementioned rule section states "...said transmission path may be authorized on a waiver basis where the maximum value of the equivalent isotropically radiated power (EIRP) does not exceed: (2) +47 to +55 dBW, on a linear scale (8 dB per degree) for any antenna beam directed between 0.5 degrees and 1.5 degrees of the stationary orbit." Please find attached orbital calculations from our coordinator, Comsearch, indicating that we are not exceeding the maximum EIRP according to 101.145. The attached calculation also shows the EIRP to be well below the maximum permissible EIRP of 53.6 dBW. As such, we submit this as evidence that there will be no potential for harmful interference into any authorized satellite system.

It is also important to note that there were no alternative tower sites for use in routing traffic for this system in a manner which would not put this path's azimuth in the geostationary satellite orbital arc. Additionally, higher frequency bands of 11 and 18 GHz are not feasible due to the lack of path reliability for paths over 17km.

If you have any questions regarding the orbital calculations, please contact Mr. Richard Hibbeler of Comsearch at (703) 726-5671.

If I can be of further assistance please feel free to contact me at.

Sincerely,

Site Names	MOUNT AENEAS	-->	ALLEN PEAK
AZIMUTH	258.96		
Azimuth (DD MM SS)	258 57 46		
DISTANCE (KM)	112.24		
DISTANCE (MI)	69.76		
ELEVATION ANGLE (DEG)	-0.47		
CRITICAL AZIMUTH ZONE		CRITICAL AZIMUTH ZONE	
(DEG)		(DD MM SS)	
257.99 TO 263.80		257 59 11 TO 263 47 53	

** BEAM POINTS ARE WITHIN CRITICAL AZIMUTH ZONE
 ANGULAR SEPARATION BETWEEN BEAM AND REFRACTED ORBIT = 1.41 DEGREES
 MAX PERMISSIBLE EIRP = 54.3 DBW
 TOTAL EIRP ON THIS PATH = PWR(33.0) + AGAIN(44.8) - LL(2.1) -30.0 DB = 45.7
 DBW

Site Names

SHELBY

-->

MOUNT BALDY

AZIMUTH 257.87
Azimuth (DD MM SS) 257 52 10
DISTANCE (KM) 99.08
DISTANCE (MI) 61.58
ELEVATION ANGLE (DEG) 0.42

CRITICAL AZIMUTH ZONE
(DEG)

256.76 TO 262.44

CRITICAL AZIMUTH ZONE
(DD MM SS)

256 45 42 TO 262 26 37

** BEAM POINTS ARE WITHIN CRITICAL AZIMUTH ZONE

ANGULAR SEPARATION BETWEEN BEAM AND REFRACTED ORBIT = 1.33 DEGREES

MAX PERMISSIBLE EIRP = 53.6 DBW

TOTAL EIRP ON THIS PATH = PWR(33.0) + AGAIN(43.2) - LL(2.5) -30.0 DB = 43.7
DBW