Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

Transferor Information (for transfers of control only)

23a) Taxpayer Identification Number:		23b) SGIN:	23c) FCC Registration Number (FRN): **0003470556**
24) First Name (if individual):	MI:	Last Name:	Suffix:
25) Entity Name (if not an individual): **AT&T CORP.**			
26) P.O. Box:	And / Or	27) Street Address: **32 AVENUE OF THE AMERICAS**	
28) City: **NEW YORK**		29) State: **NY**	30) Zip: **10013**
31) Telephone Number: **(212)387-4000**		32) FAX:	
33) E-Mail Address:			

Name of Transferor Contact Representative (if other than Transferor) (for transfers of control only)

34) First Name: **STEVEN**	MI:	Last Name: **HORVITZ**	Suffix:
35) Company Name: **COLE, RAYWID & BRAVERMAN, LLP**			
36) P.O. Box:	And / Or	37) Street Address: **1919 PENNSYLVANIA AVENUE, N.W., SUITE 200**	
38) City: **WASHINGTON**		39) State: **DC**	40) Zip: **20006**
41) Telephone Number: **(202)659-9750**		42) FAX:	
43) E-Mail Address:			

Assignee/Transferee Information

44) The Assignee is a(n): **Corporation**			
45a) Taxpayer Identification Number: **270000798**		45b) SGIN: **000**	45c) FCC Registration Number (FRN): **0006329247**
46) First Name (if individual):	MI:	Last Name:	Suffix:
47) Entity Name (if other than individual): **AT&T COMCAST CORPORATION**			
48) Name of Real Party in Interest:			49) TIN:
50) Attention To: **THOMAS R. NATHAN**			
51) P.O. Box:	And / Or	52) Street Address: **1500 MARKET STREET**	
53) City: **PHILADELPHIA**		54) State: **PA**	55) Zip: **19102**
56) Telephone Number: **(215)981-7535**		57) FAX:	
58) E-Mail Address:			

Name of Assignee/Transferee Contact Representative (if other than Assignee/Transferee)

59) First Name: **RENEE**	MI:	Last Name: **CALLAHAN**	Suffix:
60) Company Name: **LAWLER, METZGER & MILKMAN, PPC**			
61) P.O. Box:	And / Or	62) Street Address: **1909 K STREET, NW, SUITE 820**	
63) City: **WASHINGTON**		64) State: **DC**	65) Zip: **20006**
66) Telephone Number: **(202)777-7700**		67) FAX:	
68) E-Mail Address:			

Alien Ownership Questions

69) Is the Assignee or Transferee a foreign government or the representative of any foreign government?	No
70) Is the Assignee or Transferee an alien or the representative of an alien?	No
71) Is the Assignee or Transferee a corporation organized under the laws of any foreign government?	No
72) Is the Assignee or Transferee 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?	No
73) Is the Assignee or Transferee 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? If 'Yes', attach exhibit explaining nature and extent of alien or foreign ownership or control.	No

Basic Qualification Questions

74) Has the Assignee or Transferee 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, construction permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances.	No
75) Has the Assignee or Transferee or any party to this application, or any party directly or indirectly controlling the Assignee or Transferee, or any party to this application ever been convicted of a felony by any state or federal court? If 'Yes', attach exhibit explaining circumstances.	No
76) Has any court finally adjudged the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee 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? If 'Yes', attach exhibit explaining circumstances.	No
77) Is the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee currently a party in any pending matter referred to in the preceding two items? If 'Yes', attach exhibit explaining circumstances.	No

78) **Race, Ethnicity, Gender of Assignee/Transferee** (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

Assignor/Transferor Certification Statements

1) The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See *Memorandum Opinion and Order*, 13 FCC Rcd. 6293(1998).

2) The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or in documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

79) Typed or Printed Name of Party Authorized to Sign

First Name: **RICK**	MI: **D**	Last Name: **BAILEY**	Suffix:

80) Title: **VICE PRESIDENT**

Signature: **RICK D BAILEY**	81) Date: **02/28/02**

Assignee/Transferee Certification Statements

1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers *See Memorandum Opinion and Order,* 13 FCC Rcd. 6293 (1998).

2) The Assignee or Transferee 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.

3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*
*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.

4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accured by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.

5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or in documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1998, 21 U.S.C § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.

7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

82) Typed or Printed Name of Party Authorized to Sign

First Name: **ARTHUR**	MI: **R**	Last Name: **BLOCK**	Suffix:
83) Title: **OFFICER**			
Signature: **ARTHUR R BLOCK**		84) Date: **02/28/02**	

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

Authorizations To Be Assigned or Transferred

85) Call Sign	86) Radio Service	87) Location Number	88) Path Number (Microwave only)	89) Lower or Center Frequency (MHz)	90) Upper Frequency (MHz)	91) Constructed Yes / No
KSK560	**AL**					**Yes**

FCC Form 603 Schedule A	Schedule for Assignments of Authorization and Transfers of Control in Auctioned Services	Approved by OMB 3060 - 0800 See instructions for public burden estimate

Assignments of Authorization

1) Assignee Eligibility for Installment Payments (for assignments of authorization only)

Is the Assignee claiming the same category or a smaller category of eligibility for installment payments as the Assignor (as determined by the applicable rules governing the licenses issued to the Assignor)?

If 'Yes', is the Assignee applying for installment payments?

2) Gross Revenues and Total Assets Information (if required) (for assignments of authorization only)

Refer to applicable auction rules for method to determine required gross revenues and total assets information

Year 1 Gross Revenues (current)	Year 2 Gross Revenues	Year 3 Gross Revenues	Total Assets:

3) Certification Statements

For Assignees Claiming Eligibility as an Entrepreneur Under the General Rule

Assignee certifies that they are eligible to obtain the licenses for which they apply.

For Assignees Claiming Eligibility as a Publicly Traded Corporation

Assignee certifies that they are eligible to obtain the licenses for which they apply and that they comply with the definition of a Publicly Traded Corporation, as set out in the applicable FCC rules.

For Assignees Claiming Eligibility Using a Control Group Structure

Assignee certifies that they are eligible to obtain the licenses for which they apply.

Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

For Assignees Claiming Eligibility as a Very Small Business, Very Small Business Consortium, Small Business, or as a Small Business Consortium

Assignee certifies that they are eligible to obtain the licenses for which they apply.

Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

For Assignees Claiming Eligibility as a Rural Telephone Company

Assignee certifies that they meet the definition of a Rural Telephone Company as set out in the applicable FCC rules, and must disclose all parties to agreement(s) to partition licenses won in this auction. See applicable FCC rules.

Transfers of Control

4) Licensee Eligibility (for transfers of control only)

As a result of transfer of control, must the licensee now claim a larger or higher category of eligibility than was originally declared?

If 'Yes', the new category of eligibility of the licensee is:

Certification Statement for Transferees

Transferee certifies that the answers provided in Item 4 are true and correct.

Attachment List

Attachment Type	Date	Description	Contents
Other	02/19/02	DESCRIPTION OF TRANSACTION/PUBLIC INTEREST STATEMENT	01772847911179313993862 0.pdf

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

(1) LOCKBOX # 358994

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

FCC/MELLON MAR 0 6 2002

Approved by OMB 3060-0589

Page No 1 of 1

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card): Cole, Raywid & Braverman, L.L.

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents): $50.00

(4) STREET ADDRESS LINE NO. 1: 1919 Pennsylvania Ave., N.W.

(5) STREET ADDRESS LINE NO. 2: Suite 200

(6) CITY: Washington

(7) STATE: DC

(8) ZIP CODE: 20006

(9) DAYTIME TELEPHONE NUMBER (include area code): 202 - 6599750

(10) COUNTRY CODE (if not in U.S.A.): US

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN): 0003 78 7942

(12) PAYER (TIN): 0520820071

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME: AT&T COMCAST CORPORATION

(14) STREET ADDRESS LINE NO. 1: 1500 MARKET STREET

(15) STREET ADDRESS LINE NO. 2:

(16) CITY: PHILADELPHIA

(17) STATE: PA

(18) ZIP CODE: 19102

(19) DAYTIME TELEPHONE NUMBER (include area code): (215) 981-7535

(20) COUNTRY CODE (if not in U.S.A.):

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN): 0006 32 9247

(22) APPLICANT (TIN): 0270000798

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID: KSK560

(24A) PAYMENT TYPE CODE: PATM

(25A) QUANTITY: 1

(26A) FEE DUE FOR (PTC): $50.00

(27A) TOTAL FEE: $50.00

FCC USE ONLY

(28A) FCC CODE 1:

(29A) FCC CODE 2: 0000777598

(23B) CALL SIGN/OTHER ID:

(24B) PAYMENT TYPE CODE:

(25B) QUANTITY:

(26B) FEE DUE FOR (PTC):

(27B) TOTAL FEE:

FCC USE ONLY

(28B) FCC CODE 1:

(29B) FCC CODE 2:

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT

I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE Olivia Hill DATE 3/4/02

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

☐ MASTERCARD

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

☐ VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____

COLE, RAYWID & BRAVERMAN, L.L.P.

VENDOR FEDERAL COMMUNICATIONS CHECK NO. 74485

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
40342	0301020	03/01/2002	50.00	50.00	0.00

COLE, RAYWID & BRAVERMAN, L.L.P.
1919 PENNSYLVANIA AVE. N.W.
WASHINGTON, DC 20006-3458

BANK OF AMERICA
02992 DC
15-120-540

CHECK NO.	CHECK DATE	VENDOR NO.
74485	03/01/2002	FCC

PAY

Fifty and NO/100

CHECK AMOUNT
50.00

TO THE ORDER OF
FEDERAL COMMUNICATIONS
COMMISSION

MP

⑈074485⑈ ⑆054001204⑆ 002086050069⑈

Details on back.
Security Features Included.
086004/10-91

FEDERAL COMMUNICATIONS 74485

COLE, RAYWID & BRAVERMAN, L.L.P.

74485

40342	0301020	03/01/2002	50.00	50.00	0.00

DELUXE BUSINESS FORMS 1+800-328-0304 www.deluxeforms.com

FCC 603	FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control	Approved by OMB 3060 - 0800 See instructions for public burden estimate Submitted 02/28/2002 at 01:31PM File Number: **0000777546**

1) Application Purpose: **Transfer of Control**	
2a) If this request is for an Amendment or Withdrawal, enter the File Number of the pending application currently on file with the FCC.	File Number:
2b) File numbers of related pending applications currently on file with the FCC:	

Type of Transaction

3a) Is this a *pro forma* assignment of authorization or transfer of control? **No**
3b) If the answer to Item 3a is 'Yes', is this a notification of a *pro forma* transaction being filed under the Commission's forbearance procedures for telecommunications licenses?
4) For assignment of authorization only, is this a partition and/or disaggregation?
5a) Does this filing request a waiver of the Commission rules? If 'Yes', attach an exhibit providing the rule numbers and explaining circumstances. **No**
5b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.
6) Are attachments being filed with this application? **Yes**
7a) Does the transaction that is the subject of this application also involve transfer or assignment of other wireless licenses held by the assignor/transferor or affiliates of the assignor/transferor(e.g., parents, subsidiaries, or commonly controlled entities) that are not included on this form and for which Commission approval is required? **Yes**
7b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required? **Yes**

Transaction Information

8) How will assignment of authorization or transfer of control be accomplished? **Sale or other assignment or transfer of stock** If required by applicable rule, attach as an exhibit a statement on how control is to be assigned or transferred, along with copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc.
9) The assignment of authorization or transfer of control of license is: **Voluntary**

Licensee/Assignor Information

10a) Taxpayer Identification Number: **720634942**		10b) SGIN: **000**	10c) FCC Registration Number (FRN): **0001711589**
11) First Name (if individual):	MI:	Last Name:	Suffix:
12) Entity Name (if not an individual): **UNITED CABLE TELEVISION OF MID-MICHIGAN, INC.**			
13) Attention To: **STEPHEN FLESSNER**			
14) P.O. Box: **5630**	And / Or	15) Street Address:	
16) City: **DENVER**		17) State: **CO**	18) Zip: **80217**
19) Telephone Number: **(720)267-2700**		20) FAX:	
21) E-Mail Address:			

22) Race, Ethnicity, Gender of Assignor/Licensee (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

Transferor Information (for transfers of control only)

23a) Taxpayer Identification Number:		23b) SGIN:	23c) FCC Registration Number (FRN): **0003470556**
24) First Name (if individual):	MI:	Last Name:	Suffix:
25) Entity Name (if not an individual): **AT&T CORP.**			
26) P.O. Box:	And / Or	27) Street Address: **32 AVENUE OF THE AMERICAS**	
28) City: **NEW YORK**		29) State: **NY**	30) Zip: **10013**
31) Telephone Number: **(212)387-4000**		32) FAX:	
33) E-Mail Address:			

Name of Transferor Contact Representative (if other than Transferor) (for transfers of control only)

34) First Name: **STEVEN**	MI:	Last Name: **HORVITZ**	Suffix:
35) Company Name: **COLE, RAYWID & BRAVERMAN, LLP**			
36) P.O. Box:	And / Or	37) Street Address: **1919 PENNSYLVANIA AVENUE, N.W., SUITE 200**	
38) City: **WASHINGTON**		39) State: **DC**	40) Zip: **20006**
41) Telephone Number: **(202)659-9750**		42) FAX:	
43) E-Mail Address:			

Assignee/Transferee Information

44) The Assignee is a(n): **Corporation**			
45a) Taxpayer Identification Number: **270000798**		45b) SGIN: **000**	45c) FCC Registration Number (FRN): **0006329247**
46) First Name (if individual):	MI:	Last Name:	Suffix:
47) Entity Name (if other than individual): **AT&T COMCAST CORPORATION**			
48) Name of Real Party in Interest:			49) TIN:
50) Attention To: **THOMAS R. NATHAN**			
51) P.O. Box:	And / Or	52) Street Address: **1500 MARKET STREET**	
53) City: **PHILADELPHIA**		54) State: **PA**	55) Zip: **19102**
56) Telephone Number: **(215)981-7535**		57) FAX:	
58) E-Mail Address:			

Name of Assignee/Transferee Contact Representative (if other than Assignee/Transferee)

59) First Name: **RENEE**	MI:	Last Name: **CALLAHAN**	Suffix:
60) Company Name: **LAWLER, METZGER & MILKMAN, PPC**			
61) P.O. Box:	And / Or	62) Street Address: **1909 K STREET, NW, SUITE 820**	
63) City: **WASHINGTON**		64) State: **DC**	65) Zip: **20006**
66) Telephone Number: **(202)777-7700**		67) FAX:	
68) E-Mail Address:			

Alien Ownership Questions

69) Is the Assignee or Transferee a foreign government or the representative of any foreign government?	No
70) Is the Assignee or Transferee an alien or the representative of an alien?	No
71) Is the Assignee or Transferee a corporation organized under the laws of any foreign government?	No
72) Is the Assignee or Transferee 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?	No
73) Is the Assignee or Transferee 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? If 'Yes', attach exhibit explaining nature and extent of alien or foreign ownership or control.	No

Basic Qualification Questions

74) Has the Assignee or Transferee 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, construction permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances.	No
75) Has the Assignee or Transferee or any party to this application, or any party directly or indirectly controlling the Assignee or Transferee, or any party to this application ever been convicted of a felony by any state or federal court? If 'Yes', attach exhibit explaining circumstances.	No
76) Has any court finally adjudged the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee 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? If 'Yes', attach exhibit explaining circumstances.	No
77) Is the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee currently a party in any pending matter referred to in the preceding two items? If 'Yes', attach exhibit explaining circumstances.	No

78) Race, Ethnicity, Gender of Assignee/Transferee (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

Assignor/Transferor Certification Statements

1) The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See *Memorandum Opinion and Order*, 13 FCC Rcd. 6293(1998).

2) The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or in documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

79) Typed or Printed Name of Party Authorized to Sign

First Name: **RICK**	MI: **D**	Last Name: **BAILEY**	Suffix:

80) Title: **VICE PRESIDENT**

Signature: **RICK D BAILEY**	81) Date: **02/28/02**

Assignee/Transferee Certification Statements

1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers *See Memorandum Opinion and Order,* 13 FCC Rcd. 6293 (1998).

2) The Assignee or Transferee 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.

3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*
*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.

4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accured by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.

5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or in documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1998, 21 U.S.C § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.

7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

82) Typed or Printed Name of Party Authorized to Sign

First Name: **ARTHUR**	MI: **R**	Last Name: **BLOCK**	Suffix:
83) Title: **OFFICER**			
Signature: **ARTHUR R BLOCK**		84) Date: **02/28/02**	

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

Authorizations To Be Assigned or Transferred

85) Call Sign	86) Radio Service	87) Location Number	88) Path Number (Microwave only)	89) Lower or Center Frequency (MHz)	90) Upper Frequency (MHz)	91) Constructed Yes / No
KWD757	**AL**					**Yes**

FCC Form 603 Schedule A	Schedule for Assignments of Authorization and Transfers of Control in Auctioned Services	Approved by OMB 3060 - 0800 See instructions for public burden estimate

Assignments of Authorization

1) Assignee Eligibility for Installment Payments (for assignments of authorization only)

Is the Assignee claiming the same category or a smaller category of eligibility for installment payments as the Assignor (as determined by the applicable rules governing the licenses issued to the Assignor)?

If 'Yes', is the Assignee applying for installment payments?

2) Gross Revenues and Total Assets Information (if required) (for assignments of authorization only)

Refer to applicable auction rules for method to determine required gross revenues and total assets information

Year 1 Gross Revenues (current)	Year 2 Gross Revenues	Year 3 Gross Revenues	Total Assets:

3) Certification Statements

For Assignees Claiming Eligibility as an Entrepreneur Under the General Rule

Assignee certifies that they are eligible to obtain the licenses for which they apply.

For Assignees Claiming Eligibility as a Publicly Traded Corporation

Assignee certifies that they are eligible to obtain the licenses for which they apply and that they comply with the definition of a Publicly Traded Corporation, as set out in the applicable FCC rules.

For Assignees Claiming Eligibility Using a Control Group Structure

Assignee certifies that they are eligible to obtain the licenses for which they apply.

Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

For Assignees Claiming Eligibility as a Very Small Business, Very Small Business Consortium, Small Business, or as a Small Business Consortium

Assignee certifies that they are eligible to obtain the licenses for which they apply.

Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

For Assignees Claiming Eligibility as a Rural Telephone Company

Assignee certifies that they meet the definition of a Rural Telephone Company as set out in the applicable FCC rules, and must disclose all parties to agreement(s) to partition licenses won in this auction. See applicable FCC rules.

Transfers of Control

4) Licensee Eligibility (for transfers of control only)

As a result of transfer of control, must the licensee now claim a larger or higher category of eligibility than was originally declared?

If 'Yes', the new category of eligibility of the licensee is:

Certification Statement for Transferees

Transferee certifies that the answers provided in Item 4 are true and correct.

Attachment List

Attachment Type	Date	Description	Contents
Other	02/19/02	DESCRIPTION OF TRANSACTION/PUBLIC INTEREST STATEMENT	01772847695143388140130 50.pdf

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

(1) LOCKBOX # 358994

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

FCC/MELLON MAR 0 6 2002

Approved by OMB 3060-0589

Page No 1 of 1

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card): Cole, Raywid & Braverman, L.L.

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents): $50.00

(4) STREET ADDRESS LINE NO. 1: 1919 Pennsylvania Ave., N.W.

(5) STREET ADDRESS LINE NO. 2: Suite 200

(6) CITY: Washington | (7) STATE: DC | (8) ZIP CODE: 20006

(9) DAYTIME TELEPHONE NUMBER (include area code): 202 - 6599750

(10) COUNTRY CODE (if not in U.S.A.): US

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN): 0003 78 7942

(12) PAYER (TIN): 0520820071

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME: AT&T COMCAST CORPORATION

(14) STREET ADDRESS LINE NO. 1: 1500 MARKET STREET

(15) STREET ADDRESS LINE NO. 2:

(16) CITY: PHILADELPHIA | (17) STATE: PA | (18) ZIP CODE: 19102

(19) DAYTIME TELEPHONE NUMBER (include area code): (215) 981-7535

(20) COUNTRY CODE (if not in U.S.A.):

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN): 0006 32 9247

(22) APPLICANT (TIN): 0270000798

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID: KWD757 | (24A) PAYMENT TYPE CODE: PATM | (25A) QUANTITY: 1

(26A) FEE DUE FOR (PTC): $50.00 | (27A) TOTAL FEE: $50.00 | FCC USE ONLY

(28A) FCC CODE 1: | (29A) FCC CODE 2: 0000777546

(23B) CALL SIGN/OTHER ID: | (24B) PAYMENT TYPE CODE: | (25B) QUANTITY:

(26B) FEE DUE FOR (PTC): | (27B) TOTAL FEE: | FCC USE ONLY

(28B) FCC CODE 1: | (29B) FCC CODE 2:

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT

I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE Olivia B. Hill DATE 3/4/02

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

☐ MASTERCARD

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

☐ VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____

SEE PUBLIC BURDEN ON REVERSE

FCC FORM 159 FEBRUARY 2000 (REVISED)

COLE, RAYWID & BRAVERMAN, L.L.P.

VENDOR FEDERAL COMMUNICATIONS CHECK NO. 74484

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
40341	030102	03/01/2002	50.00	50.00	0.00

COLE, RAYWID & BRAVERMAN, L.L.P.
1919 PENNSYLVANIA AVE. N.W.
WASHINGTON, DC 20006-3458

BANK OF AMERICA
02992 DC
15-120-540

CHECK NO.	CHECK DATE	VENDOR NO.
74484	03/01/2002	FCC

PAY

Fifty and NO/100

CHECK AMOUNT
50.00

TO THE ORDER OF

FEDERAL COMMUNICATIONS
COMMISSION

⑈074484⑈ ⑆054001204⑆ 0020860500 69⑈

Security Features Included. Details on back.

086004/10-91

FEDERAL COMMUNICATIONS 74484

COLE, RAYWID & BRAVERMAN, L.L.P.

74484

40341	030102	03/01/2002	50.00	50.00	0.00

DELUXE BUSINESS FORMS 1+800-328-0304 www.deluxeforms.com

FCC 603	FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control	Approved by OMB 3060 - 0800 See instructions for public burden estimate Submitted 02/28/2002 at 01:28PM File Number: **0000777508**

1) Application Purpose: **Transfer of Control**	
2a) If this request is for an Amendment or Withdrawal, enter the File Number of the pending application currently on file with the FCC.	File Number:
2b) File numbers of related pending applications currently on file with the FCC:	

Type of Transaction

3a) Is this a *pro forma* assignment of authorization or transfer of control? **No**
3b) If the answer to Item 3a is 'Yes', is this a notification of a *pro forma* transaction being filed under the Commission's forbearance procedures for telecommunications licenses?
4) For assignment of authorization only, is this a partition and/or disaggregation?
5a) Does this filing request a waiver of the Commission rules? If 'Yes', attach an exhibit providing the rule numbers and explaining circumstances. **No**
5b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.
6) Are attachments being filed with this application? **Yes**
7a) Does the transaction that is the subject of this application also involve transfer or assignment of other wireless licenses held by the assignor/transferor or affiliates of the assignor/transferor(e.g., parents, subsidiaries, or commonly controlled entities) that are not included on this form and for which Commission approval is required? **Yes**
7b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required? **Yes**

Transaction Information

8) How will assignment of authorization or transfer of control be accomplished? **Sale or other assignment or transfer of stock** If required by applicable rule, attach as an exhibit a statement on how control is to be assigned or transferred, along with copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc.
9) The assignment of authorization or transfer of control of license is: **Voluntary**

Licensee/Assignor Information

10a) Taxpayer Identification Number: **840822094**		10b) SGIN: **000**	10c) FCC Registration Number (FRN): **0001612316**
11) First Name (if individual):	MI:	Last Name:	Suffix:
12) Entity Name (if not an individual): **UNITED CABLE TELEVISION OF COLORADO**			
13) Attention To: **STEPHEN FLESSNER**			
14) P.O. Box: **5630**	And / Or	15) Street Address:	
16) City: **DENVER**		17) State: **CO**	18) Zip: **80217**
19) Telephone Number: **(720)267-2700**		20) FAX:	
21) E-Mail Address:			

22) Race, Ethnicity, Gender of Assignor/Licensee (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

Transferor Information (for transfers of control only)

23a) Taxpayer Identification Number:		23b) SGIN:	23c) FCC Registration Number (FRN): **0003470556**
24) First Name (if individual):	MI:	Last Name:	Suffix:
25) Entity Name (if not an individual): **AT&T CORP.**			
26) P.O. Box:	And / Or	27) Street Address: **32 AVENUE OF THE AMERICAS**	
28) City: **NEW YORK**		29) State: **NY**	30) Zip: **10013**
31) Telephone Number: **(212)387-4000**		32) FAX:	
33) E-Mail Address:			

Name of Transferor Contact Representative (if other than Transferor) (for transfers of control only)

34) First Name: **STEVEN**	MI:	Last Name: **HORVITZ**	Suffix:
35) Company Name: **COLE, RAYWID & BRAVERMAN, LLP**			
36) P.O. Box:	And / Or	37) Street Address: **1919 PENNSYLVANIA AVENUE, N.W., SUITE 200**	
38) City: **WASHINGTON**		39) State: **DC**	40) Zip: **20006**
41) Telephone Number: **(202)659-9750**		42) FAX:	
43) E-Mail Address:			

Assignee/Transferee Information

44) The Assignee is a(n): **Corporation**			
45a) Taxpayer Identification Number: **270000798**		45b) SGIN: **000**	45c) FCC Registration Number (FRN): **0006329247**
46) First Name (if individual):	MI:	Last Name:	Suffix:
47) Entity Name (if other than individual): **AT&T COMCAST CORPORATION**			
48) Name of Real Party in Interest:			49) TIN:
50) Attention To: **THOMAS R. NATHAN**			
51) P.O. Box:	And / Or	52) Street Address: **1500 MARKET STREET**	
53) City: **PHILADELPHIA**		54) State: **PA**	55) Zip: **19102**
56) Telephone Number: **(215)981-7535**		57) FAX:	
58) E-Mail Address:			

Name of Assignee/Transferee Contact Representative (if other than Assignee/Transferee)

59) First Name: **RENEE**	MI:	Last Name: **CALLAHAN**	Suffix:
60) Company Name: **LAWLER, METZGER & MILKMAN, PPC**			
61) P.O. Box:	And / Or	62) Street Address: **1909 K STREET, NW, SUITE 820**	
63) City: **WASHINGTON**		64) State: **DC**	65) Zip: **20006**
66) Telephone Number: **(202)777-7700**		67) FAX:	
68) E-Mail Address:			

Alien Ownership Questions

69) Is the Assignee or Transferee a foreign government or the representative of any foreign government?	No
70) Is the Assignee or Transferee an alien or the representative of an alien?	No
71) Is the Assignee or Transferee a corporation organized under the laws of any foreign government?	No
72) Is the Assignee or Transferee 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?	No
73) Is the Assignee or Transferee 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? If 'Yes', attach exhibit explaining nature and extent of alien or foreign ownership or control.	No

Basic Qualification Questions

74) Has the Assignee or Transferee 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, construction permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances.	No
75) Has the Assignee or Transferee or any party to this application, or any party directly or indirectly controlling the Assignee or Transferee, or any party to this application ever been convicted of a felony by any state or federal court? If 'Yes', attach exhibit explaining circumstances.	No
76) Has any court finally adjudged the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee 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? If 'Yes', attach exhibit explaining circumstances.	No
77) Is the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee currently a party in any pending matter referred to in the preceding two items? If 'Yes', attach exhibit explaining circumstances.	No

78) **Race, Ethnicity, Gender of Assignee/Transferee** (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

Assignor/Transferor Certification Statements

1) The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See *Memorandum Opinion and Order*, 13 FCC Rcd. 6293(1998).

2) The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or in documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

79) Typed or Printed Name of Party Authorized to Sign

First Name: **RICK**	MI: **D**	Last Name: **BAILEY**	Suffix:

80) Title: **VICE PRESIDENT**

Signature: **RICK D BAILEY** 81) Date: **02/28/02**

Assignee/Transferee Certification Statements

1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers *See Memorandum Opinion and Order,* 13 FCC Rcd. 6293 (1998).
2) The Assignee or Transferee 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.
3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.* *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.
4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accured by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or in documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1998, 21 U.S.C § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

82) Typed or Printed Name of Party Authorized to Sign

First Name: **ARTHUR**	MI: **R**	Last Name: **BLOCK**	Suffix:
83) Title: **OFFICER**			
Signature: **ARTHUR R BLOCK**		84) Date: **02/28/02**	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

Authorizations To Be Assigned or Transferred

85) Call Sign	86) Radio Service	87) Location Number	88) Path Number (Microwave only)	89) Lower or Center Frequency (MHz)	90) Upper Frequency (MHz)	91) Constructed Yes / No
KNJH331	**AL**					**Yes**

FCC Form 603 Schedule A	Schedule for Assignments of Authorization and Transfers of Control in Auctioned Services	Approved by OMB 3060 - 0800 See instructions for public burden estimate

Assignments of Authorization

1) Assignee Eligibility for Installment Payments (for assignments of authorization only)

Is the Assignee claiming the same category or a smaller category of eligibility for installment payments as the Assignor (as determined by the applicable rules governing the licenses issued to the Assignor)?
If 'Yes', is the Assignee applying for installment payments?

2) Gross Revenues and Total Assets Information (if required) (for assignments of authorization only)

Refer to applicable auction rules for method to determine required gross revenues and total assets information

Year 1 Gross Revenues (current)	Year 2 Gross Revenues	Year 3 Gross Revenues	Total Assets:

3) Certification Statements

For Assignees Claiming Eligibility as an Entrepreneur Under the General Rule

Assignee certifies that they are eligible to obtain the licenses for which they apply.

For Assignees Claiming Eligibility as a Publicly Traded Corporation

Assignee certifies that they are eligible to obtain the licenses for which they apply and that they comply with the definition of a Publicly Traded Corporation, as set out in the applicable FCC rules.

For Assignees Claiming Eligibility Using a Control Group Structure

Assignee certifies that they are eligible to obtain the licenses for which they apply.
Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

For Assignees Claiming Eligibility as a Very Small Business, Very Small Business Consortium, Small Business, or as a Small Business Consortium

Assignee certifies that they are eligible to obtain the licenses for which they apply.
Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

For Assignees Claiming Eligibility as a Rural Telephone Company

Assignee certifies that they meet the definition of a Rural Telephone Company as set out in the applicable FCC rules, and must disclose all parties to agreement(s) to partition licenses won in this auction. See applicable FCC rules.

Transfers of Control

4) Licensee Eligibility (for transfers of control only)

As a result of transfer of control, must the licensee now claim a larger or higher category of eligibility than was originally declared?
If 'Yes', the new category of eligibility of the licensee is:

Certification Statement for Transferees

Transferee certifies that the answers provided in Item 4 are true and correct.

Attachment List

Attachment Type	Date	Description	Contents
Other	02/19/02	DESCRIPTION OF TRANSACTION/PUBLIC INTEREST STATEMENT	01772846692583462551228 37.pdf

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

(1) LOCKBOX # 358994

FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

FCC/MELLON MAR 0 6 2002

Approved by OMB 3060-0589

Page No 1 of 1

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card): Cole, Raywid & Braverman, L.L.

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents): $50.00

(4) STREET ADDRESS LINE NO. 1: 1919 Pennsylvania Ave., N.W.

(5) STREET ADDRESS LINE NO. 2: Suite 200

(6) CITY: Washington

(7) STATE: DC

(8) ZIP CODE: 20006

(9) DAYTIME TELEPHONE NUMBER (include area code): 202 - 6599750

(10) COUNTRY CODE (if not in U.S.A.): US

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN): 0003 78 7942

(12) PAYER (TIN): 0520820071

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME: AT&T COMCAST CORPORATION

(14) STREET ADDRESS LINE NO. 1: 1500 MARKET STREET

(15) STREET ADDRESS LINE NO. 2:

(16) CITY: PHILADELPHIA

(17) STATE: PA

(18) ZIP CODE: 19102

(19) DAYTIME TELEPHONE NUMBER (include area code): (215) 981-7535

(20) COUNTRY CODE (if not in U.S.A.):

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN): 0006 32 9247

(22) APPLICANT (TIN): 0270000798

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID: KNJH331

(24A) PAYMENT TYPE CODE: PATM

(25A) QUANTITY: 1

(26A) FEE DUE FOR (PTC): $50.00

(27A) TOTAL FEE: $50.00

FCC USE ONLY

(28A) FCC CODE 1:

(29A) FCC CODE 2: 0000777508

(23B) CALL SIGN/OTHER ID:

(24B) PAYMENT TYPE CODE:

(25B) QUANTITY:

(26B) FEE DUE FOR (PTC):

(27B) TOTAL FEE:

FCC USE ONLY

(28B) FCC CODE 1:

(29B) FCC CODE 2:

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT

I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE Olivia Hill DATE 3/4/02

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

☐ MASTERCARD

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

☐ VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____

COLE, RAYWID & BRAVERMAN, L.L.P.

VENDOR FEDERAL COMMUNICATIONS CHECK NO. 74483

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
40340	030102	03/01/2002	50.00	50.00	0.00

COLE, RAYWID & BRAVERMAN, L.L.P.
1919 PENNSYLVANIA AVE. N.W.
WASHINGTON, DC 20006-3458

BANK OF AMERICA
02992 DC
15-120-540

CHECK NO.	CHECK DATE	VENDOR NO.
74483	03/01/2002	FCC

PAY

Fifty and NO/100

CHECK AMOUNT
50.00

TO THE ORDER OF

FEDERAL COMMUNICATIONS
COMMISSION

⑈074483⑈ ⑆054001204⑆ 0020860500 69⑈

Details on back.
Security Features Included.

FEDERAL COMMUNICATIONS 74483

COLE, RAYWID & BRAVERMAN, L.L.P.

74483

40340	030102	03/01/2002	50.00	50.00	0.00

DELUXE BUSINESS FORMS 1+800-328-0304 www.deluxeforms.com

FCC 603	FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control	Approved by OMB 3060 - 0800 See instructions for public burden estimate Submitted 02/28/2002 at 12:40PM File Number: **0000777271**

1) Application Purpose: **Transfer of Control**	
2a) If this request is for an Amendment or Withdrawal, enter the File Number of the pending application currently on file with the FCC.	File Number:
2b) File numbers of related pending applications currently on file with the FCC:	

Type of Transaction

3a) Is this a *pro forma* assignment of authorization or transfer of control? **No**
3b) If the answer to Item 3a is 'Yes', is this a notification of a *pro forma* transaction being filed under the Commission's forbearance procedures for telecommunications licenses?
4) For assignment of authorization only, is this a partition and/or disaggregation?
5a) Does this filing request a waiver of the Commission rules? If 'Yes', attach an exhibit providing the rule numbers and explaining circumstances. **No**
5b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.
6) Are attachments being filed with this application? **Yes**
7a) Does the transaction that is the subject of this application also involve transfer or assignment of other wireless licenses held by the assignor/transferor or affiliates of the assignor/transferor(e.g., parents, subsidiaries, or commonly controlled entities) that are not included on this form and for which Commission approval is required? **Yes**
7b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required? **Yes**

Transaction Information

8) How will assignment of authorization or transfer of control be accomplished? **Sale or other assignment or transfer of stock** If required by applicable rule, attach as an exhibit a statement on how control is to be assigned or transferred, along with copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc.
9) The assignment of authorization or transfer of control of license is: **Voluntary**

Licensee/Assignor Information

10a) Taxpayer Identification Number: **730792593**		10b) SGIN: **000**	10c) FCC Registration Number (FRN): **0001696574**
11) First Name (if individual):	MI:	Last Name:	Suffix:
12) Entity Name (if not an individual): **UNITED CABLE TELEVISION CORPORATION**			
13) Attention To: **STEPHEN FLESSNER**			
14) P.O. Box: **5630**	And / Or	15) Street Address:	
16) City: **DENVER**		17) State: **CO**	18) Zip: **80217**
19) Telephone Number: **(720)267-2700**		20) FAX:	
21) E-Mail Address:			

22) Race, Ethnicity, Gender of Assignor/Licensee (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

Transferor Information (for transfers of control only)

23a) Taxpayer Identification Number:		23b) SGIN:	23c) FCC Registration Number (FRN): **0003470556**
24) First Name (if individual):	MI:	Last Name:	Suffix:
25) Entity Name (if not an individual): **AT&T CORP.**			
26) P.O. Box:	And / Or	27) Street Address: **32 AVENUE OF THE AMERICAS**	
28) City: **NEW YORK**		29) State: **NY**	30) Zip: **10013**
31) Telephone Number: **(212)387-4000**		32) FAX:	
33) E-Mail Address:			

Name of Transferor Contact Representative (if other than Transferor) (for transfers of control only)

34) First Name: **STEVEN**	MI:	Last Name: **HORVITZ**	Suffix:
35) Company Name: **COLE, RAYWID & BRAVERMAN, LLP**			
36) P.O. Box:	And / Or	37) Street Address: **1919 PENSYLVANIA AVENUE, N.W., SUITE 200**	
38) City: **WASHINGTON**		39) State: **DC**	40) Zip: **20006**
41) Telephone Number: **(202)659-9750**		42) FAX:	
43) E-Mail Address:			

Assignee/Transferee Information

44) The Assignee is a(n): **Corporation**			
45a) Taxpayer Identification Number: **270000798**		45b) SGIN: **000**	45c) FCC Registration Number (FRN): **0006329247**
46) First Name (if individual):	MI:	Last Name:	Suffix:
47) Entity Name (if other than individual): **AT&T COMCAST CORPORATION**			
48) Name of Real Party in Interest:			49) TIN:
50) Attention To: **THOMAS R. NATHAN**			
51) P.O. Box:	And / Or	52) Street Address: **1500 MARKET STREET**	
53) City: **PHILADELPHIA**		54) State: **PA**	55) Zip: **19102**
56) Telephone Number: **(215)981-7535**		57) FAX:	
58) E-Mail Address:			

Name of Assignee/Transferee Contact Representative (if other than Assignee/Transferee)

59) First Name: **RENEE**	MI:	Last Name: **CALLAHAN**	Suffix:
60) Company Name: **LAWLER, METZGER & MILKMAN, LLC**			
61) P.O. Box:	And / Or	62) Street Address: **1909 K STREET, NW, SUITE 820**	
63) City: **WASHINGTON**		64) State: **DC**	65) Zip: **20006**
66) Telephone Number: **(202)777-7700**		67) FAX:	
68) E-Mail Address:			

Alien Ownership Questions