

**Assignor/Transferor Certification Statements**

- 1) The Assignor/Transferor certifies either that (1) the authorization will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) 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 Section 1.948(c) (1) of the Commission's Rules.
- 2) The Assignor/Transferor 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.
- 3) The Assignor/Transferor 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.

**Typed or Printed Name of Party Authorized to Sign**

103) First Name: Elizabeth	MI: M	Last Name: Grier	Suffix:
104) Title: Vice President			
Signature: Elizabeth M Grier			105) Date: 09/06/2011

**FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.  
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).**

**Assignee/Transferee Certification Statements**

1) The Assignee/Transferee certifies either that (1) the authorization(s) will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See Section 1.948(c)(1) of the Commission's Rules.
2) The Assignee/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/Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership or attribution rules.* *If the Assignee/Transferee 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/Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor/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 accrued by, or any suit or proceeding had or commenced against the Assignor/Transferor prior to this assignment/transfer.
5) The Assignee/Transferee 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.
6) The Assignee/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 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the Commission's Rules for the definition of "party to the application" as used in this certification.
7) The Assignee/Transferee 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.

**Typed or Printed Name of Party Authorized to Sign**

106) First Name: Marc	MI:	Last Name: Lawrence-Apfelbaum	Suffix:
107) Title: Executive VP, General Counsel and Secret			
Signature: Marc Lawrence-Apfelbaum			108) Date: 09/06/2011
<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.</b>			
<b>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).</b>			

**Authorizations To Be Assigned or Transferred**

108) Call Sign	109) Radio Service Code	110) Location Number	111) Path Number (Microwave only)	112) Frequency Number	113) Lower or Center Frequency (MHz)	114) Upper Frequency (MHz)	115) Constructed Yes / No
KWG830	IG - Industrial/Business Pool, Conventional						Y

Attachment(s):

Type	Description	Date Entered
O	<u>Public Interest Statement</u>	09/01/2011

**Public Interest Statement**

Concurrently with this Application, the parties are filing a separate Public Interest Statement in connection with the proposed merger between a wholly-owned subsidiary of Time Warner Cable Inc. and Insight Communications Company, Inc. *See Applications for Consent to the Transfer of Control of Licenses of Insight Communications Company, Inc., Transferor, to Time Warner Cable Inc., Transferee, Docket No. \_\_\_\_\_ (filed September 2, 2011).*



## License Manager

[FCC](#) > [Wireless](#) > [Licensing](#) > [Online Systems](#) > License Manager

 Logged In: 0018384495 ([Log Out](#))

[Transfer Control](#) [Reference Copy](#) [FCC 603 Privacy Act](#)  [Return to License Manager - My Applications](#) [Help](#)

## Confirmation

Your application has been successfully submitted. Any future reference to this application must be made using the application file number.

File Number	Assignor/Transferor Name	Assignee/Transferee Name	Purpose
#0004843213	Insight Communications Company, Inc.	Time Warner Cable Inc.	<u>TC</u>

[Print Application](#)
[Print this Page](#)

## Application Fees

File Number	Payment Type Code	Quantity	Subtotal
#0004843213	PATM	1	\$60.00
#0004843213	PATM	1	\$60.00
#0004843213	PATM	1	\$60.00
			<b>Total Due \$180.00</b>

**Important Notice:**

The U.S. Treasury will reject Credit Card transactions greater than \$99,999.99. This limit includes multiple transactions on the same Credit Card totaling more than this limit in a single day. For transactions greater than \$99,999.99, an alternative method of payment must be used. Payment methods can be found at <http://www.fcc.gov/fees>. Reference: Treasury Bulletin No. 2005-03 (<http://www.fms.treas.gov/tfm/vol1/bull.html>)

The FCC strongly recommends online electronic payment. Payment, on a secure website, by credit card allows for faster processing of an application. Before leaving this page, you must click on the "Continue For Payment Options" button. You must make selection of "Pay By Credit Card" or "View Form 159". If you select "View Form 159" print the Form 159 to accompany any manual payment.

**CONTINUE FOR PAYMENT OPTIONS** ▶

The Form 159 and accompanying fee **MUST** be received by the Commission within 10 calendar days of filing the application(s). If you are paying manually using FCC Form 159, send the application package to: **Federal Communications Commission, P.O. Box 979097, St. Louis, MO 63197-9000**. If you believe that the calculated fee is incorrect, please call 1-877-480-3201, and select option #2 after the main menu recording.

[▶ View My Applications](#)



## Electronic Form 159

### Payment Confirmation

Your transaction has been approved. For your records, please note the following:

<b>AGENCY TRACKING ID:</b>	<b>PGC1999486</b>
<b>AUTHORIZATION NUMBER :</b>	<b>090243</b>
<b>AMOUNT PAID :</b>	<b>\$180.00</b>

[PRINT FORM 159](#)

[CLOSE](#)

Customer Service		
<a href="#">FCC Fees</a>	<a href="#">Web Policies / Privacy Policy</a>	<a href="#">FCC Home Page</a>
If you have any questions or concerns please contact your licensing system help desk.		

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

Submitted: 09/06/2011 at 14:37:27

File Number: 0004843213

**FCC Form 603**  
Main Form

## FCC Wireless Telecommunications Bureau Application for Assignment of Authorization or Transfer of Control

Approved by OMB  
3060 - 0800  
See instructions for  
public burden estimate

### General Information

1) Application Purpose (Select only one) ( TC )	
<b>AA</b> - Assignment of Authorization <b>TC</b> - Transfer of Control	<b>AM</b> - Amendment <b>WD</b> - Withdrawal
<b>NT</b> - Required Notification (For Consummation of an Assignment or Transfer) <b>EX</b> - Request for Extension of Time (To Consummate an Assignment or Transfer)	
2) If this application is for an Amendment (AM) or Withdrawal (WD), enter the File Number of the pending or consented to application currently on file with the FCC.	File Number: _____
3a) Is this application for Assignment of Authorization or Transfer of Control part of a series of applications involving other wireless license(s) held by the Licensee, affiliates of the Licensee (e.g., parents, subsidiaries, or commonly-controlled entities), or third parties that are not included on this application and for which Commission approval or notification is required?	( Y ) <u>Yes</u> <u>No</u>
3b) If the answer to 3a is 'Y', is this filing the lead application?	( Y ) <u>Yes</u> <u>No</u>
3c) If the answer to 3b is 'N', provide the File Number of the lead application.	File Number: _____
3d) Does this transaction for Assignment of Authorization or Transfer of Control involve the assignment or transfer of non-wireless licenses/authorizations for which Commission approval or notification is required?	( Y ) <u>Yes</u> <u>No</u>
4) Are attachments (other than associated schedules) being filed with this application?	( Y ) <u>Yes</u> <u>No</u>

### Fees and Waivers

5a) Is the Applicant exempt from FCC application fees? If 'Y', attach an exhibit demonstrating how the Applicant is exempt from FCC application fees.	( N ) <u>Yes</u> <u>No</u>
5b) Is a waiver/deferral of the FCC application fees being requested and the application fees are not being submitted in conjunction with this application? If 'Y', attach a date-stamped copy of the request for waiver/deferral of the FCC application fees.	( N ) <u>Yes</u> <u>No</u>
6a) Does this application include a request for waiver of the Commission's Rules (other than a request for application fee waivers)? If 'Y', attach an exhibit specifying the rule section(s) for which a waiver is being requested and including a justification for the waiver request.	( N ) <u>Yes</u> <u>No</u>
6b) If 6a is 'Y', enter the number of rule sections involved.	Number of Rule Sections: _____

### Additional Transaction Information

7a) Has this application for Assignment of Authorization or Transfer of Control already occurred?	( N ) <u>Yes</u> <u>No</u>
7b) If the response to Item 7a is 'Y', provide the date the event occurred:	(MM/DD/YYYY) _____
8) The Assignment of Authorization or Transfer of Control is:	( X ) Voluntary ( ) Involuntary
9a) Is this application a <i>pro forma</i> Assignment of Authorization or Transfer of Control?	( N ) <u>Yes</u> <u>No</u>
9b) If Item 9a is 'Y', is this a post-consummation notification that is being filed under the Commission's forbearance procedures pursuant to Section 1.948(c)(1) of the Commission's Rules?	( ) <u>Yes</u> <u>No</u>
10a) Does this application involve the partitioning and/or disaggregation of geographic-area licenses? If 'Y', complete Schedule B and, if applicable, Schedule C.	( ) <u>Yes</u> <u>No</u>
10b) If 10a is 'N', does this application involve the partial assignment of site-based licenses?	( ) <u>Yes</u> <u>No</u>

# Agency Tracking ID:PGC1999486 Authorization Number:090243 Successful Authorization -- Date Paid: 9/6/11 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979097	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> <b>FORM 159</b> PAGE NO 1 OF 2	APPROVED BY OMB 3060-059  SPECIAL USE  FCC USE ONLY
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**SECTION A - Payer Information**

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Susan E Anderson</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$180.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>Dow Lohnes PLLC</b>		
(5) STREET ADDRESS LINE NO. 2 <b>1200 New Hampshire Ave NW Ste 800</b>		
(6) CITY <b>Washington</b>	(7) STATE <b>DC</b>	(8) ZIP CODE <b>20036</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>202-7762588</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>

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

(11) PAYER (FRN) <b>0015798168</b>	(12) FCC USE ONLY
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**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 <b>Time Warner Cable Inc.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>60 Columbus Circle</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>New York</b>	(17) STATE <b>NY</b>	(18) ZIP CODE <b>10023</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>(212) 364-8482</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.)

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

(21) APPLICANT (FRN) <b>0007556251</b>	(22) FCC USE ONLY
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**COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(23A) FCC Call Sign/Other ID <b>WQH309</b>	(24A) Payment Type Code(PTC) <b>PATM</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$60.00</b>	(27A) Total Fee <b>\$60.00</b>	FCC Use Only
(28A) FCC CODE 1	(29A) FCC CODE 2 <b>0004843213</b>	
(23B) FCC Call Sign/Other ID <b>KNCN356</b>	(24B) Payment Type Code(PTC) <b>PATM</b>	(25B) Quantity <b>1</b>
(26B) Fee Due for (PTC) <b>\$60.00</b>	(27B) Total Fee <b>\$60.00</b>	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2 <b>0004843213</b>	

APPROVED BY OMB  
3060-058

REMITTANCE ADVICE (Continuation Sheet)

FEDERAL COMMUNICATIONS COMMISSION

**FORM 159-C**  
PAGE NO 2 OF 2

SPECIAL USE
FCC USE ONLY

**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT  
SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(13) APPLICANT NAME  
**Time Warner Cable Inc.**

(14) STREET ADDRESS LINE NO. 1  
**60 Columbus Circle**

(15) STREET ADDRESS LINE NO. 2

(16) CITY **New York** (17) STATE **NY** (18) ZIP CODE **10023**

(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) **(212) 364-8482** (20) COUNTRY CODE (IF NOT IN U.S.A.)

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

(21) APPLICANT (FRN) **0007556251** (22) FCC USE ONLY

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

(23A) FCC Call Sign/Other ID **KNCQ430** (24A) Payment Type Code(PTC) **PATM** (25A) Quantity **1**

(26A) Fee Due for (PTC) **\$60.00** (27A) Total Fee **\$60.00** FCC Use Only

(28A) FCC CODE 1 (29A) FCC CODE 2 **0004843213**

(23B) FCC Call Sign/Other ID (24B) Payment Type Code(PTC) (25B) Quantity

(26B) Fee Due for (PTC) (27B) Total Fee FCC Use Only

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

(23C) FCC Call Sign/Other ID (24C) Payment Type Code(PTC) (25C) Quantity

(26C) Fee Due for (PTC) (27C) Total Fee FCC Use Only

(28C) FCC CODE 1 (29C) FCC CODE 2

(23D) FCC Call Sign/Other ID (24D) Payment Type Code(PTC) (25D) Quantity

(26D) Fee Due for (PTC) (27D) Total Fee FCC Use Only

(28D) FCC CODE 1 (29D) FCC CODE 2

(23E) FCC Call Sign/Other ID (24E) Payment Type Code(PTC) (25E) Quantity

(26E) Fee Due for (PTC) (27E) Total Fee FCC Use Only

(28E) FCC CODE 1 (29E) FCC CODE 2

(23F) FCC Call Sign/Other ID (24F) Payment Type Code(PTC) (25F) Quantity

(26F) Fee Due for (PTC) (27F) Total Fee FCC Use Only

(28F) FCC CODE 1 (29F) FCC CODE 2

11) How will/has the Assignment of Authorization or Transfer of Control be/been accomplished? Select One: ( T )

Sale or other assignment of assets       Court order       Reorganization or liquidation

Transfer of stock or other ownership interests

Other (voting trust agreement, management contract, etc.): \_\_\_\_\_

**Designated Entity Information** (If 12a, 12b or 12c is 'Y', Schedule A is required to be completed.)

<p>12a) Enter 'Y' if this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally granted before April 25, 2006, and that were awarded with bidding credits within the last five years and/or any licenses that were originally granted after April 25, 2006, and that were awarded with bidding credits within the last ten years? Otherwise, enter 'N'.</p> <p>The initial grant date is the date that the license was originally granted by the Commission after an auction, even if the license was acquired in the secondary market. The initial grant date is not the date on which the Commission granted an assignment or transfer of control of the license.</p> <p>If the response to this item is 'Y', the licenses may be subject to the FCC's unjust enrichment rules. See Section 1.2111(d), (e) of the Commission's Rules. If the response to 12a is 'Y', Schedule A must be completed.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>12b) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally subject to the Commission's installment payment plan?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>12c) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally granted pursuant to closed bidding within the last five years?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Competition Related Information**

<p>13) Does this application for Assignment of Authorization or Transfer of Control involve a license(s) that may be used for interconnected mobile voice and/or data services that would, if assigned or transferred, create a geographic overlap with another license(s) in which the Assignee/Transferee already holds direct or indirect interests (of 10 percent or more), either as a Licensee or spectrum lessee/sublessee, and that also could be used to provide interconnected mobile voice and/or data services?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>14a) Does the Assignee/Transferee hold direct or indirect interests (of 10 percent or more) in any entity that already has access to 10 MHz or more spectrum in the Cellular Radiotelephone, broadband PCS, or Specialized Mobile Radio (SMR) services through license(s), lease(s), or sublease(s) in the same geographic area?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>14b) Would/does this application for Assignment of Authorization or Transfer of Control reduce the number of entities providing service (using spectrum in any of the three services listed in Item 14a) in the affected market(s)?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Broadband Radio Service and Educational Broadband Service Information**

<p>15a) Will the requested facilities be used to provide multichannel video programming service?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>15b) If 15a is 'Y', does the Assignee/Transferee 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 area of the requested facilities?</p> <p>If 'Y', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 6a must be answered 'Y'.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>16) Does the Assignee/Transferee comply with the programming requirements contained in Section 27.1203 of the Commission's Rules?</p> <p>If 'N', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 6a must be answered 'Y'.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Assignor/Licensee Information**

17) Assignor/Licensee is a(n): (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium	<input type="checkbox"/> Other: _____	
18) FCC Registration Number (FRN): 0001542604			
19) First Name (if individual):	MI:	Last Name:	Suffix:
20) Legal Entity Name (if not an individual): Insight Kentucky Partners II, LP			
21) Attention To: Elizabeth M. Grier			
22) P.O. Box:	And /Or	23) Street Address: 810 7th Avenue, 41st Floor	
24) City: New York	25) State: NY	26) Zip Code: 10019	
27) Telephone Number: (917)286-2300		28) Fax Number: (917)286-2301	
29) E-Mail Address: grier.e@insightcom.com			

**30) Demographics of Assignor/Licensee (Optional):**

<b>Race:</b>	<b>Ethnicity:</b>	<b>Gender:</b>
<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		

**Assignor/Licensee Contact Representative**

31) First Name: Gary	MI: S	Last Name: Lutzker	Suffix: Esq
32) Company Name: Dow Lohnes PLLC			
33) Attention To: Gary S. Lutzker			
34) P.O. Box:	And /Or	35) Street Address: 1200 New Hampshire Ave., NW	
36) City: Washington	37) State: DC	38) Zip Code: 20036	
39) Telephone Number: (202)776-2107		40) Fax Number: (202)776-2222	
41) E-Mail Address: glutzker@dowlohnesh.com			

**Transferor Information** (for Transfers of Control only)

42) Transferor is a(n): (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company		
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium
<input type="checkbox"/> Other: _____			
43) FCC Registration Number (FRN): 0018384495			
44) First Name (if individual):	MI:	Last Name:	Suffix:
45) Legal Entity Name (if not an individual): Insight Communications Company, Inc.			
46) Attention To: Elizabeth M. Grier			
47) P.O. Box:	And /Or	48) Street Address: 810 7th Avenue, 41st Floor	
49) City: New York	50) State: NY	51) Zip Code: 10019	
52) Telephone Number: (917)286-2300		53) Fax Number: (971)286-2301	
54) E-Mail Address: grier.e@insightcom.com			

**55) Demographics of Transferor (Optional):**

<b>Race:</b> <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	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Transferor Contact Representative**

56) First Name: Gary	MI: S	Last Name: Lutzker	Suffix: Esq
57) Company Name: Dow Lohnes PLLC			
58) Attention To: Gary S. Lutzker			
59) P.O. Box:	And /Or	60) Street Address: 1200 New Hampshire Ave., NW	
61) City: Washington	62) State: DC	63) Zip Code: 20036	
64) Telephone Number: (202)776-2107		65) Fax Number: (202)776-2222	
66) E-Mail Address: glutzker@dowlohneshomes.com			

**Assignee/Transferee Information**

67) Assignee/Transferee is a(n): (Select One)

- Individual    Unincorporated Association    Trust    Government Entity    Corporation    Limited Liability Company
- General Partnership    Limited Partnership    Limited Liability Partnership    Consortium
- Other: \_\_\_\_\_

68) FCC Registration Number (FRN): 0007556251

69) First Name (if individual):	MI:	Last Name:	Suffix:
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70) Legal Entity Name (if not an individual): Time Warner Cable Inc.

71) Attention To: Julie P. Laine, Group VP

72) Real Party in Interest FCC Registration Number (FRN): 0007556251

73) Name of Real Party in Interest: Time Warner Cable Inc.

74) P.O. Box:	And /Or	75) Street Address: 60 Columbus Circle
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76) City: New York	77) State: NY	78) Zip Code: 10023
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79) Telephone Number: (212)364-8482	80) Fax Number: (212)973-6239
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81) E-Mail Address: julie.laine@twcable.com

**82) Demographics of Assignee/Transferee (Optional):**

<b>Race:</b> <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	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Assignee/Transferee Contact Representative (if other than Assignee/Transferee)**

83) First Name:	MI:	Last Name:	Suffix:
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84) Company Name: Time Warner Cable Inc.

85) Attention To: Julie P. Laine, Group VP

86) P.O. Box:	And /Or	87) Street Address: 60 Columbus Circle
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**Ownership Disclosure Information**

94a) Is the Assignee/Transferee required to file FCC Form 602, Ownership Disclosure Information for the Wireless Telecommunications Services?	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No
94b) If 94a is 'Y', provide the File Number of the FCC Form 602 that is required to be submitted in conjunction with this application or is already on file with the FCC.	File Number: _____

**Allen Ownership Information (If any answer is 'Y', provide an attachment explaining the circumstances)**

95) Is the Assignee/Post-transfer Licensee a foreign government or the representative of any foreign government?	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No
96) Is the Assignee/Post-transfer Licensee an alien or the representative of an alien?	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No
97) Is the Assignee/Post-transfer Licensee a corporation organized under the laws of any foreign government?	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No
98) Is the Assignee/Post-transfer Licensee 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?	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No
99a) Is the Assignee/Post-transfer Licensee 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?	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No
99b) If 99a is 'Y', has the Assignee/Post-transfer Licensee received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this application?  If the answer to 99b is 'Y', include in the exhibit required by Item 99a the citation(s) of the declaratory ruling(s) received by the Assignee/Post-transfer Licensee (i.e., DA or FCC Number, FCC Record citation if available, and release date).  If 99b is 'N', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act. It is not necessary to file a request for a foreign ownership ruling if the Applicant includes in the exhibit required by Item 99a a showing that the requested license(s) is exempt from the provisions of Section 310(b)(4).	( <input type="radio"/> ) <input checked="" type="radio"/> Yes <input type="radio"/> No

**Basic Qualification Information**

100) Has the Assignee/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, or construction permit denied by the Commission?  If 'Y', attach an exhibit explaining the circumstances.	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No
101) Has the Assignee/Transferee or any party to this application, or any party directly or indirectly controlling the Assignee/Transferee ever been convicted of a felony by any state or federal court?  If 'Y', attach an exhibit explaining the circumstances.	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No
102) Has any court finally adjudged the Assignee/Transferee, or any party directly or indirectly controlling the Assignee/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 'Y', attach an exhibit explaining the circumstances.	( <input type="radio"/> N ) <input checked="" type="radio"/> Yes <input type="radio"/> No

**Assignor/Transferor Certification Statements**

- 1) The Assignor/Transferor certifies either that (1) the authorization will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) 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 Section 1.948(c) (1) of the Commission's Rules.
- 2) The Assignor/Transferor 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.
- 3) The Assignor/Transferor 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.

**Typed or Printed Name of Party Authorized to Sign**

103) First Name: Elizabeth	MI: M	Last Name: Grier	Suffix:
104) Title: Vice President			
Signature: Elizabeth M Grier			105) Date: 09/06/2011

**FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.  
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).**

**Assignee/Transferee Certification Statements**

1)	The Assignee/Transferee certifies either that (1) the authorization(s) will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See Section 1.948(c)(1) of the Commission's Rules.
2)	The Assignee/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/Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership or attribution rules.* *If the Assignee/Transferee 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/Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor/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 accrued by, or any suit or proceeding had or commenced against the Assignor/Transferor prior to this assignment/transfer.
5)	The Assignee/Transferee 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.
6)	The Assignee/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 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the Commission's Rules for the definition of "party to the application" as used in this certification.
7)	The Assignee/Transferee 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.

**Typed or Printed Name of Party Authorized to Sign**

106) First Name: Marc	MI:	Last Name: Lawrence-Apfelbaum	Suffix:
107) Title: Executive VP, General Counsel and Secret			
Signature: Marc Lawrence-Apfelbaum			108) Date: 09/06/2011
<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.</b>			
<b>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).</b>			

**Authorizations To Be Assigned or Transferred**

108) Call Sign	109) Radio Service Code	110) Location Number	111) Path Number (Microwave only)	112) Frequency Number	113) Lower or Center Frequency (MHz)	114) Upper Frequency (MHz)	115) Constructed Yes / No
KNCN358	IG - Industrial/Business Pool, Conventional						Y
KNCQ430	IG - Industrial/Business Pool, Conventional						Y
WQH309	IG - Industrial/Business Pool, Conventional						Y

Reference Copy

Attachment(s):

Type	Description	Date Entered
O	<u>Public Interest Statement</u>	09/01/2011

**Public Interest Statement**

Concurrently with this Application, the parties are filing a separate Public Interest Statement in connection with the proposed merger between a wholly-owned subsidiary of Time Warner Cable Inc. and Insight Communications Company, Inc. *See Applications for Consent to the Transfer of Control of Licenses of Insight Communications Company, Inc., Transferor, to Time Warner Cable Inc., Transferee, Docket No. \_\_\_\_\_ (filed September 2, 2011).*

# EXHIBIT E

FCC IBFS - Electronic Filing

**Submission\_id :IB2011004181**  
**Successfully filed on :Sep 6 2011 3:09:29:700PM**

[Return to Main Menu](#)

Approved by OMB  
3060-0678

Date & Time Filed: Sep 6 2011 3:09:29:700PM

File Number: SES-T/C-INTR2011-04181

<b>APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS FOR TRANSFER OF CONTROL OR ASSIGNMENT FCC 312 MAIN FORM FOR OFFICIAL USE ONLY</b>	<b>FCC Use Only</b>
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**APPLICANT INFORMATION**

Enter a description of this application to identify it on the main menu:  
Transfer of Control to TWC

1-8. Legal Name of Applicant	
Name: Insight Communications Midwest, LLC	Phone Number: 917-286-2300
DBA Name:	Fax Number: 917-286-2301
Street: 810 7th Avenue 40th Floor	E-Mail:
City: New York	State: NY
Country: USA	Zipcode: 10019 -
Attention: Elizabeth Grier	

9-16. Name of Contact Representative	
Name: Gary S. Lutzker, Esq.	Phone Number: 202-776-2107
Company: Dow Lohnes PLLC	Fax Number:
Street: 1200 New Hampshire Ave., NW	E-Mail: glutzker@dowlohn.com
City: Washington	State: DC
Country: USA	Zipcode: 20036-
Attention: Gary S. Lutzker	Relationship: Legal Counsel

**CLASSIFICATION OF FILING**

<p>17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.</p> <p><input checked="" type="radio"/> a1. Earth Station</p> <p><input type="radio"/> a2. Space Station</p>	<p>(N/A) b1. Application for License of New Station</p> <p>(N/A) b2. Application for Registration of New Domestic Receive-Only Station</p> <p>(N/A) b3. Amendment to a Pending Application</p> <p>(N/A) b4. Modification of License or Registration</p> <p><input type="radio"/> b5. Assignment of License or Registration</p> <p><input checked="" type="radio"/> b6. Transfer of Control of License or Registration</p> <p>(N/A) b7. Notification of Minor Modification</p> <p>(N/A) b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite</p> <p>(N/A) b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States</p> <p>(N/A) b10. Other (Please specify)</p>
---	--

<p>17c. Is a fee submitted with this application?</p> <p><input type="radio"/> If Yes, complete and attach FCC Form 159.</p> <p>If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).</p> <p><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee</p> <p><input checked="" type="radio"/> Other (please explain): No fee required for transfer of Receive-Only Earth Stations</p>
--

17d.
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(First Station)

(Each Additional Station)

Fee Classification A CNO - Receive Only Earth Station

Quantity 1

Fee Classification B CFO - Receive Only Earth Station

Quantity 0

18. If this filing is in reference to an existing station, enter:

(a) Call sign of station:

Not Applicable

19. If this filing is an amendment to a pending application enter:

(a) Date pending application was filed:

Not Applicable

(b) File number of pending application:

Not Applicable

## TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all that apply:

- a. Fixed Satellite  
 b. Mobile Satellite  
 c. Radiodetermination Satellite  
 d. Earth Exploration Satellite  
 e. Direct to Home Fixed Satellite  
 f. Digital Audio Radio Service  
 g. Other (please specify)

21. STATUS: Choose the button next to the applicable status. Choose only one.

- Common Carrier  Non-Common Carrier

22. If earth station applicant, check all that apply.

- Using U.S. licensed satellites  
 Using Non-U.S. licensed satellites

23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Choose one. Are these facilities:

- Connected to a Public Switched Network  Not connected to a Public Switched Network  N/A

24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).

- a. C-Band (4/6 GHz)  b. Ku-Band (12/14 GHz)  
 c. Other (Please specify upper and lower frequencies in MHz.)

Frequency Lower: Frequency Upper:

## TYPE OF STATION

25. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.

- a. Fixed Earth Station  
 b. Temporary-Fixed Earth Station  
 c. 12/14 GHz VSAT Network  
 d. Mobile Earth Station  
 e. Geostationary Space Station  
 f. Non-Geostationary Space Station  
 g. Other (please specify)

26. TYPE OF EARTH STATION FACILITY: Choose only one.

- Transmit/Receive  Transmit-Only  Receive-Only  N/A

## PURPOSE OF MODIFICATION

27. The purpose of this proposed modification is to: (Place an "X" in the box(es) next to all that apply.)

Not Applicable

## ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections

 Yes  No

1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.

**ALIEN OWNERSHIP** Earth station applicants not proposing to provide broadcast, common carrier, aeronautical en route or aeronautical fixed radio station services are not required to respond to Items 30-34.

29. Is the applicant a foreign government or the representative of any foreign government?  Yes  No

30. Is the applicant an alien or the representative of an alien?  Yes  No  N/A

31. Is the applicant a corporation organized under the laws of any foreign government?  Yes  No  N/A

32. 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?  Yes  No  N/A

33. Is the applicant a corporation 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?  Yes  No  N/A

34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.

### BASIC QUALIFICATIONS

35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules?  Yes  No  
If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.

36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explanation of circumstances.  Yes  No

37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explanation of circumstances.  Yes  No

38. Has any court finally adjudged the applicant, or any person 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? If Yes, attach as an exhibit, an explanation of circumstances  Yes  No

39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhibit, an explanation of the circumstances.  Yes  No

40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.

41. By checking Yes, the undersigned certifies, that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.  Yes  No

42a. Does the applicant intend to use a non-U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.  Yes  No

42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?

43. Description. (Summarize the nature of the application and the services to be provided).  
Notification of the transfer of control of Insight Communications Midwest, LLC from Insight Communications Company, Inc. to Time Warner Cable, Inc.