EXHIBIT A-5

Schedule A, Item 4

Section 78.13(a) of the Commission's rules states that an owner or operator of a cable television system is eligible to hold a Cable Television Relay Station ("CARS") license. The current licensee uses the subject CARS facilities in connection with its cable television operations, and it will continue to do so following completion of this transaction.

This transaction involves only the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T's interest in the licensee and does not affect the licensee's eligibility or operation of the cable system serviced by the subject CARS facilities. In addition, the consummation of this transaction will not create any cross-ownership interests prohibited under part 76 of the Commission's rules.

Exhibit B-4 & B-5 Ownership Structure After Transfer of Control

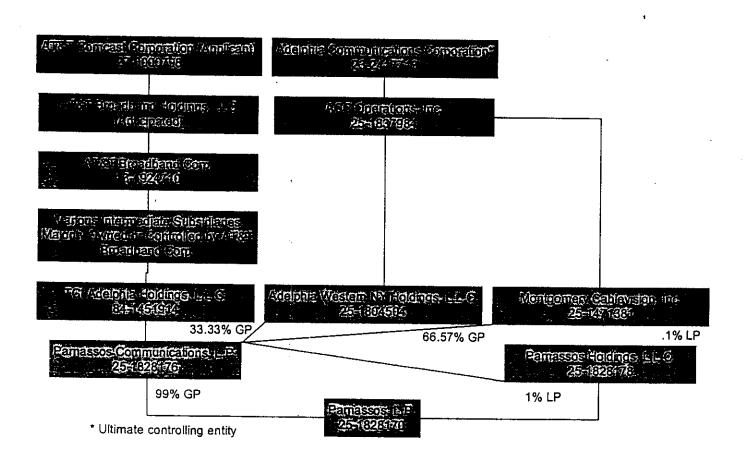


EXHIBIT B-6

Schedule B, Section II

ATTACHED

A COMPLETE COPY OF THE PUBLIC INTEREST STATEMENT IS AVAILABLE IN THE FCC REFERENCE ROOM

READ INSTRU BEFORE PROC	JCTIONS CAR	EFULLY							
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			· · · · · · · · · · · · · · · · · · ·	, certify under penalty	of perjury that the	foregoing a	nd supporti	ng information is true and cor	rect to
he best of my know	vledge, informat		SIGNATU	RE Westley	auxittle	john	DATE 4	2-28-2002	
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FEDERAL COMMUNICATIONS COMMISSION

 Page No 2 of 3	_
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COLE, RAYWID & BRAVERMAN, L.L.P.

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TO THE ORDER OF

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STAMP AND RETURN

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

STEVEN J. HORVITZ
WRITER'S E-MAIL
SHORVITZ@CRBLAW.COM

ATTORNEYS AT LAW
1919 PENNSYLVANIA AVENUE, N.W., SUITE 200
WASHINGTON, D.C. 20006-3458
TELEPHONE (202) 659-9750
FAX (202) 452-0067
WWW.CRBLAW.COM

LOS ANGELES OFFICE
2381 ROSECRARS AVENUE, SUITE IIO
EL SEGUNDO, CALIFORNIA 90245-4290
TELEPHONE (310) 643-7999
FAX (310) 643-7997

FOOMILEM

FEB 28 2002

February 28, 2002

VIA COURIER

Federal Communications Commission Cable Services Bureau P.O. Box 358205 Pittsburgh, PA 15251-5205

Attn: Gloria Conway, Cable Services Bureau

Re: AT&T Comcast Corporation

Application for Transfer of AT&T Corp.'s Interest in

Western NY Cablevision's CARS Licenses

Ladies and Gentlemen:

Enclosed please find FCC Form 327 requesting the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T Corp.'s interest in Western NY Cablevision LP, licensee of the facilities on the attached list. Also enclosed is FCC Form 159 and a check for \$210.00 for the required filing fee.

If there are any questions regarding this application, please contact Westley Littlejohn or the undersigned.

Steven

Enclosures

Federal Communications Commission February 28, 2002 Page 2

Western NY Cablevision, LP (FRN #0004-07-6709)

<u>Call Sign</u> <u>Location</u> WGT-752 <u>Buffalo, NY</u> Expiration Date 02/01/2003

FEDERAL COMMUNICATIONS COMMISSION WASHINGTON, D.C. 20554

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

		SC	HEDULE A			
1/a) Application for		<u> </u>			Pa	age 1 of <u>4</u>
1.(a) Application for: (Check only one box)	License		Renewal		Assignment o	f License
,	Modification		Reinstate	ement	X Transfer of Co	ontroi
(h) D					Amendment o	of Applicati
	refer to an existing sta		X YES	☐ NO If	"YES," give call sign	See Ev
(c) If this application is for as Exhibit A-1 a comp	or a modification of a lookete explanation of the	icensed sta e modificat	tion, check the ion or proposed	hav/aa\ 6 4b	appropriate description	on(s). Attac
Add Channel(s)] Change Transmit S	ite [Add Receive	Site(s)	Change Antenna	System
Delete Channel(s)	Change Operating F	Power [Delete Recei	ve Site(s)	Change Height of Structure	f Antenna
Change Transmitter			Change Rece	eive Site(s)	Change Height of	f Antenna
Other (Specify)					-	
2.(a) Indicate the name, mailing a	ddress, and telephone numb	er of the applic	ant.		-	7.
LEGAL NAME OF APPLICANT	(If person, list last name first	")				<u> </u>
AT&T Comcast Cor		·				
ASSUMED NAME USED FOR I	DOING BUSINESS (If any)				-	
MAILING STREET ADDRESS (OR P.O. BOX	·				
1500 Market Street						
Philadelphia		STATE PA	ZIP CODE 19102	AREA CODE 215	TELEPHONE NO 665-1700	· .
(b) Indicate Internal Revenue Se If the applicant has no E.I. No	rvice Employer Identification umber, use Social Security N	(E.I.) Number umber.	used by the applicar	nt.	E.I. NO. (OR SOC. SEC. N 27-0000798	0.)
(c) Indicate the name, mailing ac	ldress, and telephone numbe	er of person to	contact, if other than	applicant.		
NAME OF CONTACT PERSON	(Last name first.)					$\overline{}$
Thomas R. Nathan, I CONTINUE NAME HERE IF NE	Requiatory Affairs	5				
FIDM OD COMPANY						
FIRM OR COMPANY NAME AT&T Comcast Corp	oration					
MAILING STREET ADDRESS O	R P.O. BOX				<u> </u>	
1500 Market Street						
Philadelphia		STATE PA	ZIP CODE 19102	AREA CODE 215	TELEPHONE NO. 981-7535	
Attach as Exhibit A-2 the nam if any.	ie, mailing address, and telep	hone number o	of each additional pe	rson who should be		
(d) Indicate the address where the	e station's records will be ma	intained.				
STREET ADDRESS On File - No Change					<u> </u>	
CITY		STATE	ZIP CODE		T	
				<u> </u>		

		YES	NC
		153	n
	television systems other than those which the applicant owns or		
operates?	Record on File		
If "YES," attach as Exhibit A-3 a copy of a written cor	ntract specifying that service will be provided on a non-profit.		
cost-sharing basis; or a copy of a written statement a	specifying that service will be provided without charge.		_
(b) Will the applicant control the station equipment?		<u> </u>	┞-
(c) Will the applicant have unlimited access to the equip		X	⊢
(d) Will effective measures be taken to prevent use of the	ication had any FCC station license, permit, or authorization	-+^-	┢
revoked?	Comment (1990 Oct.) a construction of the fact of the second of the second oct.		ر ا
If "YES," attach as Exhibit A-4 a statement identifying circumstances relevant to the revocation.	g the license, permit, or authorization revoked and the		
	:		_
	dicant is eligible, pursuant to Part 78 of the Rules, to be a licensee. detail showing the complete proposed ralay system including points		
	lay stations, common carrier stations, and/or other stations. The map		
(a) Direction of true north;			*
(b) Location of transmitting site(s), the location of any receiving point(s);	intermediate relay station(s), passive repeater(s), and terminal		
	nich applicant's proposed station will be interconnected;		
(d) Every path number for the station for which this ap			╀
existing station, attach as Exhibit A-7 a statement or al	or transmit antenna, power (increase only), or frequency of an antended of an antended of a frequency coordination study by a technically qualified person or entity (e.g. local coordinating		
	mers, a foreign government or the representative thereof?		
	CERTIFICATION		
part hereof and are incorporated herein as if set out in		eriat	
The applicant certifies that he has a current copy of the	e Commission's Rules governing the Cable Television Relay Service (CARS).		
The applicant waives any claim to the use of any partic	cular frequency as against the regulatory power of the United States because of t wise, and requests an authorization in accordance with this application.	he	
previous use or the same, whether by license or other	Wase' Stud laddes as San San in Issance; an Second States with a tip of humanes in		
		•	
•			
I CERTIFY that the statements in this application	SIGNATURE	ATE	
are true, complete, and correct to the best of my knowledge and belief and are made in good faith.	act Bu	0/22/2	2
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT, U.S. CODE, TITLE 18, SECTION 1001.	PRINT FULL NAME		
(Check appropriate classification)	Arthur R. Block		
I			

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

SCHEDULE B. Control and Ownership Information (The information submitted in this schedule should enable the Commission to identify all entities which either directly or indirectly control the applicant.)

SECTION I. Control and Ownership

LEGAL NAME (If person, list last name first)

1. The following information must be provided for the applicant; for each member or partner, if the applicant is an unincorporated association or partnership; and for each cable television owner or operator, if the applicant is a cooperative enterprise wholly owned by cable television owners or operators. Indicate the legal name; the type of entity (1 = Individual, 2 = Partnership, 3 = Corporation, 4 = Unincorporated Association, or 5 = Governmental Entity); and the Internal Revenue Service Employer Identification (E.I.) Number used by the entity (if the entity has no E.I. Number, use Social Security Number). If the entity is a nongovernmental corporation, indicate the state under whose laws the corporation is organized.

Indicate applicant's members; partners; or owners (if a cooperative enterprise). LEGAL NAME (if person, list last name first) CONTINUE NAME HERE IF NEEDED CONTINUE NAME (if person, list last name first) CONTINUE NAME HERE IF NEEDED ENTITY CODE ENTER ENTITY CODE ENTITY CODE ENTITY CODE ENTITY CODE ENTITY CO	CONTINUE NAME HERE IF NEEDED	ENTITY	•		E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO-	•		1
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CONTINUE NAME (If person, list last name first) LEGAL NAME (If person, list last name first) (If additional space is needed, attach as Exhibit B-1 the requested information in the same format as above.) YES It is the applicant a cooperative enterprise wholly owned by cable television owners or operators? Has the above-named applicant filed FCC Form 325 indicating all entities which either directly or indirectly control the applicant? If "YES," no further items in this section need be answered. N/A If the applicant is an unincorporated association or partnership, have the applicant's controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners explaining which members or partners as attach the control in the same format as above.)									_
LEGAL NAME (if person, list last name list) CONTINUE NAME HERE if NEEDED E.I.NO. (or Soc. Sec. No.) STATE OF NATION	LEGAL NAME (if person, list last name first)				•				
ENTITY CODE LEGAL NAME (If person, list last name first) CONTINUE NAME HERE IF NEEDED ENTITY CODE LEINO, (or Soc. Sec. No.) STATE OF NCORPORATION (If additional space is needed, attach as Exhibit B-1 the requested information in the same format as above.) YES Is the applicant a cooperative enterprise wholly owned by cable television owners or operators? Has the above-named applicant filed FCC Form 325 indicating all entities which either directly or indirectly control the applicant? If "YES," no further items in this section need be answered. N/A If the applicant is an unincorporated association or partnership, have the applicant's controlling members or partners filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners controlling.	CONTINUE NAME HERE IF NEEDED		>		E.I. NO. (or Soc. Sec. No.)	INCORPO-	>		
LEGAL NAME (#person, fist last name first) CODE ELINO, (or Soc. Sec. No.) NOORPO NATION CODE ELINO, (or Soc. Sec. No.) STATE OF NOORPO NATION (if additional space is needed, attach as Exhibit B-1 the requested information in the same format as above.) YES Is the applicant a cooperative enterprise wholly owned by cable television owners or operators? Has the above-named applicant filed FCC Form 325 indicating all entities which either directly or indirectly control the applicant? If "YES," no further items in this section need be answered. N/A If the applicant is an unincorporated association or partnership, have the applicant's controlling members or partners filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners exerted the	LEGAL NAME (# person, list last name first)							·	٦
CONTINUE NAME HERE IF NEEDED ENTITY CODE EL NO. (or Soc. Soc. No.) STATE OF INCORPO-RATION NCORPO-RATION NCORPO-R	CONTINUE NAME HERE IF NEEDED		>		E.I. NO. (or Soc. Sec. No.)	INCORPO-	>		
(If additional space is needed, attach as Exhibit B-1 the requested information in the same format as above.) YES Is the applicant a cooperative enterprise wholly owned by cable television owners or operators? Has the above-named applicant filed FCC Form 325 indicating all entities which either directly or indirectly control the applicant? If "YES," no further items in this section need be answered. N/A If the applicant is an unincorporated association or partnership, have the applicant's controlling members or partners filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners section the	LEGAL NAME (If person, list last name first)]
(if additional space is needed, attach as Exhibit B-1 the requested information in the same format as above.) YES Is the applicant a cooperative enterprise wholly owned by cable television owners or operators? Has the above-named applicant filed FCC Form 325 indicating all entities which either directly or indirectly control the applicant? If "YES," no further items in this section need be answered. N/A If the applicant is an unincorporated association or partnership, have the applicant's controlling members or partners filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners sector the	CONTINUE NAME HERE IF NEEDED		>	Π	E.I. NO. (or Soc. Sec. No.)	INCORPO-	>		
. Is the applicant a cooperative enterprise wholly owned by cable television owners or operators? . Has the above-named applicant filed FCC Form 325 indicating all entities which either directly or indirectly control the applicant? If "YES," no further items in this section need be answered. N/A . If the applicant is an unincorporated association or partnership, have the applicant's controlling members or partners filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners control the	(ii additional space is needed, attach as Exhibit B-1 the requested information in the	same form	at as	above.)				Γ
Has the above-named applicant filed FCC Form 325 indicating all entities which either directly or indirectly control the applicant? If "YES," no further items in this section need be answered. N/A If the applicant is an unincorporated association or partnership, have the applicant's controlling members or partners filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners control the								YES	N
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controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners scatted the	. Has the above-named applicant filed FCC Form 325 indicating								х
controlling members or partners? N/A If "YES," attach as Exhibit B-2 a statement explaining which members or partners control the	. Has the above-named applicant filed FCC Form 325 indicating indirectly control the applicant?		wh	ich ei	ther directly or				X
If "YES," attach as Exhibit B-2 a statement explaining which members or partners control the	. Has the above-named applicant filed FCC Form 325 indicating indirectly control the applicant? If "YES," no further items in this section need be answered.	all entities	s wh	ich ei	ther directly or				X
If "YES," attach as Exhibit B-2 a statement explaining which members or partners control the	Has the above-named applicant filed FCC Form 325 indicating indirectly control the applicant? If "YES," no further items in this section need be answered. If the applicant is an unincorporated association or partnership, or partners filed FCC Form(s) 325 indicating all entities which eigenstances.	all entities	s wh	ich ei	ther directly or				X
If "YES," attach as Exhibit B-2 a statement explaining which members or partners control the applicant; no further items in this section need be answered.	Has the above-named applicant filed FCC Form 325 indicating indirectly control the applicant? If "YES," no further items in this section need be answered. If the applicant is an unincorporated association or partnership, or partners filed FCC Form(s) 325 indicating all entities which eigenstances.	all entities	appl	N/A	ther directly or				X
	Has the above-named applicant filed FCC Form 325 indicating indirectly control the applicant? If "YES," no further items in this section need be answered. If the applicant is an unincorporated association or partnership, or partners filed FCC Form(s) 325 indicating all entities which eigenstances.	all entities	appl	N/A	ther directly or				X

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5 If the answer to item 2 is "YES," have the controlling owners or operators of the cooperative enterprise tileo FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling owners or operators?

YES NO

NΑ

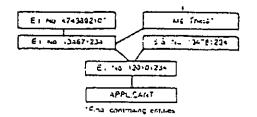
If "YES attach as Exhibit B-3 a statement explaining which owners or operators control the applicant, no further items in this section need be answered.

6. If the applicant does not answer "YES" to item 3, 4, or 5

Attach as Exhibit 8-4 the information requested of the applicant in item one for each entity which either directly or indirectly controls the applicant. In addition, attach as Exhibit 8-5 1 detailed diagram of the "family free" showing the direct or indirect control of the applicant, to and including the final controlling entity or entities. The final controlling entity or entities should be specifically identified.

EXAMPLE

It the applicant is controlled by Partnership Alpha (E.I. No. 120101234) which in turn is controlled by Corporation Beta (E.I. No. 134671234) and by Mr. Dee (who has no E.I. No., but Social Section No. 134781234), and timelity Mr. Cay (E.I. No. 474389210) and Ms. Theta (who has no E.I. No. and has elected not to provide her Social Security No.) control Corporation Beta, the diagram would be depicted as shown on the light.



NOTE Use the word "applicant," not the applicant's name. For controlling entities, use the E1 No. If they have no E1 no. use Social Security No. Use controlling entities name only it no E1 no or Social Security No. is given letter molicate the final controlling entities.

SECTION II Assignment of Authorization or Transfer of Control

Indicate the name, mailing address, and telephone number of the licensee

Western M Cablevision, L.P.				
CONTINUE HAME HERE IF NEEDED				· · · · · · · · · · · · · · · · · · ·
ASSUMED MANE USED FOR DOING BUSINESS IT ANY				
1 North Main Street			<u> </u>	
Cit	STATE	ZIP COOE	AREA CODE	TELEPHONE NU
Carlersport	PA	16915	814	274-9830

Commission authorization is hereby requested for: (Check only one box)

ASSIGNMENT OF CARS SCENS

(pro forma)

Attached as Exhibit 8-6 is a statement describing the proposed assignment or transfer of control. The assignment or transfer of control shall not be completed or become effective until authorization has been issued by the Commission

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE & IMPRISON-MENT U.S. CODE TITLE 18 SECTION 1001 PRINT FULL NAME
Rardall D. Fisher

2/2702

(Crock appropriate classification.)

- المامونية [] المانونية
- Partnership
- Corporation
- Dricer of Appresing
- Once of approam

EXHIBIT A-1 Western NY Cablevision, LP (FRN #0004-07-6709)

Call Sign WGT-752 <u>Location</u> Buffalo, NY

Expiration Date 02/01/2003

EXHIBIT A-2

Schedule A, Item 2(c)

In addition to the contact person shown in response to item 2(c) on Page 1, copies of the correspondence and records relating to the CARS facilities on Exhibit A-1 should be directed to:

A. Renee Callahan Lawler Metzger & Milkman, LLC 1909 K Street, NW Suite 820 Washington, DC 20006 (202) 777-7700

Betsy J. Brady AT&T 1120 20th Street, N.W. Suite 1000 Washington, D.C. 20036 (202) 457-3810

Steven J. Horvitz Cole, Raywid & Braverman, LLP 1919 Pennsylvania Avenue, N.W. Suite 200 Washington, DC 20006 (202) 659-9750

Jalyn Tezik Adelphia Communications Corporation 1 North Main Street Coudersport, PA 16915 (814) 274-6426

EXHIBIT A-5

Schedule A, Item 4

Section 78.13(a) of the Commission's rules states that an owner or operator of a cable television system is eligible to hold a Cable Television Relay Station ("CARS") license. The current licensee uses the subject CARS facilities in connection with its cable television operations, and it will continue to do so following completion of this transaction.

This transaction involves only the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T's interest in the licensee and does not affect the licensee's eligibility or operation of the cable system serviced by the subject CARS facilities. In addition, the consummation of this transaction will not create any cross-ownership interests prohibited under part 76 of the Commission's rules.

Exhibit B-4 & B-5 Ownership Structure After Transfer of Control

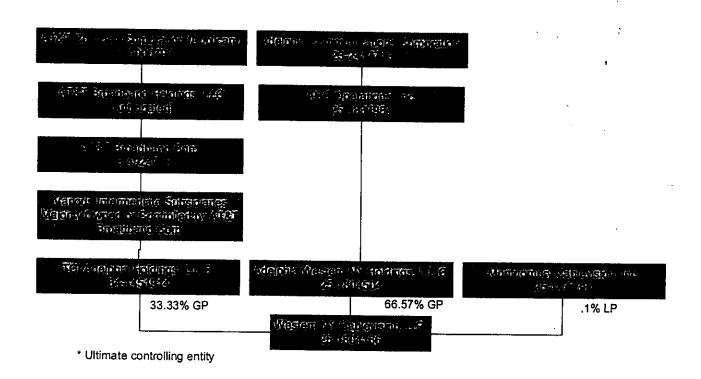


EXHIBIT B-6

Schedule B, Section II

ATTACHED

A COMPLETE COPY OF THE PUBLIC INTEREST STATEMENT IS AVAILABLE IN THE FCC REFERENCE ROOM

READ INSTR BEFORE PRO	RUCTIONS CAREFULLY		· · · · · · · · · · · · · · · · · · ·		··-		
DEI ORETRO	CEEDING	FEDERAL	. COMMUNICATION	JS COMMISSI	ON!		Approved by O 3060-0
		R	EMITTANCE A	DVICE	JIN		Page No _1 of _
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(5) STREE	nnsylvania Avenu T ADDRESS LINE NO. 2	e, N.W					
Suite 20	0						
Washing	ton		,			STATE	
(9) DAYTIN 202-659-	ME TELEPHONE NUMBER (i	nclude area code)	(10) COUNTRY COD	E (if not in U.S.A.)	<u> D</u>	C	20006 -
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0003-787			52-0820074				•
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(13) APPLICA	ANT NAME	THAN ONE AFFER	CANT, USE CONT	NUATION SH	EETS (FO	RM 159	P-C)
(14) STREET	mcast Corporation ADDRESS LINE NO. 1	n					
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(15) STREET	ADDRESS LINE NO. 2						
(16) CITY							
Philadelp	hia				P.) STATE •	(18) ZIP CODE 19102 -
(19) DATIM	IE TELEPHONE NUMBER (in	clude area code)	(20) COUNTRY CODE	(if not in U.S.A.)			
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(28B) FCC COD	E I	(29B) FCC COD	E 2				
(30) CERTIFIC	ATION STATEMENT	SECT	ION D - CERTIFIC	ATION			
,Westley	Kay Littlejohn		. certify under negative	of namium, that the	F		
he best of my kno	wledge, information and belief.	SIGNATUR	E Wotleyka	or perjury that the	toregoing and		ng information is true and correct
		SECTION E - CREI				DATE 4	2-28-2002
31)	MASTERCARD	VISA ACCOUNT NUM	DED.	M INFORMA	TION	·· <u>·</u> ·	
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_		C to sha			<u>-</u>		
VISA	I hereby authorize the FC	C to charge my VISA	or MASTERCARD	or the service(s)/authorizati	on here	in described.
	SIGNATURE			<u></u>	DATE		
	CEC DI	DUTO DUDOEN ON DE					
· ·					7.70.711.1.50		

OLE, RAYWID & BRAVERMAN, L.L.P.

VENDOR

FEDERAL COMMUNICATIONS

CHECK NO.

74456

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
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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.

74456

02/28/2002

FCC

PAY

Two hundred ten and NO/100

CHECK AMOUNT

210.00.

TO THE ORDER OF

FEDERAL COMMUNICATIONS

COMMISSION

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

STAMP AND RETURN

STEVEN J. HORVITZ WRITER'S E-MAIL SHORVITZ@CRBLAW.COM ATTORNEYS AT LAW
1919 PENNSYLVANIA AVENUE, N.W., SUITE 200
WASHINGTON, D.C. 20006-3458
TELEPHONE (202) 659-9750
FAX (202) 452-0067
www.crblaw.com

LOS ANGELES OFFICE
2381 ROSECRANS AVENUE, SUITE IIO
EL SEGUNDO, CALIFORNIA 90245-4290
TELEPHONE (3IO) 643-7999
FAX (3IO) 643-7997

FCC/Mallen

FEB 2 8 2002

Steven J. Horvitz

February 28, 2002

VIA COURIER

Federal Communications Commission Cable Services Bureau P.O. Box 358205 Pittsburgh, PA 15251-5205

Attn: Gloria Conway, Cable Services Bureau

Re:

AT&T Comcast Corporation

Application for Transfer of AT&T Corp.'s Interest in Insight Communications Midwest, LLC's CARS Licenses

Ladies and Gentlemen:

Enclosed please find FCC Form 327 requesting the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T Corp.'s interest in Insight Communications Midwest, LLC, licensee of the facilities on the attached list. Also enclosed is FCC Form 159 and a check for \$1,680.00 for the required filing fee.

If there are any questions regarding this application, please contact Westley Littlejohn or the undersigned.

Enclosures

Federal Communications Commission February 28, 2002 Page 2

Insight Communications Midwest, LLC (FRN #0003-74-8365)

Call Sign	Location	Expiration Date
KKK-46	Boonville, IN	8/1/2005
KYX-60	Louisiana, MO	8/1/2005
KYX-69	Hannibal, MO	8/1/2005
WAJ-459	Shoals, IN	8/1/2005
WCF-542	Oregon, IL	7/1/2002
WGF-97	Jasper, IN	4/1/2002
WHZ-840	Danville, IL	4/1/2004
WPN-34	Belvidere, IL	8/1/2005

FEDERAL COMMUNICATIONS COMMISSION WASHINGTON, D.C. 20554

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION SCHEDULE A

					Page 1 of	<u> 4</u>
1.(a) Application for: (Check only one box)	License		Renewal		Assignment of Lice	ense
(Greek Grily Gric Box)	Modification		Reinstate	ment	X Transfer of Control	1
					Amendment of App	plicat
(b) Does this application r	efer to an existing sta	tion?	X YES	□ NO If	"YES," give call sign See	
(c) If this application is for	a modification of a lie	censed stati	on, check the b	ox(es) for the a	appropriate description(s).	Atta
as Exhibit A-1 a compl	ete explanation of the	modification	on or proposed	construction.	ppropriate description(s).	Alla
Add Channel(s)	Change Transmit Si	te _	Add Receive	Site(s)	Change Antenna System	em
Delete Channel(s)	Change Operating P	ower [Delete Receiv	ve Site(s)	Change Height of Ante	enna
Change Transmitter			Change Rece	ive Site(s)	Change Height of Ante	enna
Other (Specify)					_	
2.(a) Indicate the name, mailing add	dress, and telephone numbe	r of the applica	nt.			
LEGAL NAME OF APPLICANT (AT&T Comcast Corp	if person, list last name first) Oration)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·]
CONTINUE NAME HERE IF NE				÷ ,		1
ASSUMED NAME USED FOR D	OING BUSINESS (form)					-
ACCOMED NAME OSED FOR B	OING BOSINESS (Ir any)		•			
MAILING STREET ADDRESS O	R P.O. BOX				······································	1
1500 Market Street		CTATE	710 0005	1 1051 0055		4
Philadelphia		STATE PA	ZIP CODE 19102	AREA CODE 215	TELEPHONE NO. 665-1700	
				•		J
(b) Indicate Internal Revenue Ser If the applicant has no E.I. Nu	vice Employer Identification mber, use Social Security No	(E.l.) Number (umber.	ised by the applican	nt.	E.I. NO. (OR SOC. SEC. NO.) 27-0000798	
(c) Indicate the name, mailing add	tress, and telephone numbe	r of person to c	ontact, if other than	applicant.		
NAME OF CONTACT PERSON	(Last name first.)]
Thomas R. Nathan, F		<u> </u>]
CONTINUE NAME HERE IF NEE	EDED					
FIRM OR COMPANY NAME						
AT&T Comcast Corp	oration					
MAILING STREET ADDRESS OF 1500 Market Street	R P.O. BOX					
CITY	· · · · · · · · · · · · · · · · · · ·	STATE	ZIP CODE	AREA CODE	TEL ERHONE NO	
Philadelphia		PA	19102	215	TELEPHONE NO. 981-7535	
Attach as Exhibit A-2 the name if any.	e, mailing address, and telep	phone number o	f each additional pe	rson who should be	***	
(d) Indicate the address where the	station's records will be ma	intained.				
STREET ADDRESS On File - No Change	-					
CITY		STATE	ZIP CODE	r		•
		.	OODE			

rage 2 of _4			
		YES	NO
3.(a) Will the applicant provide program material to cable t	bievision systems other than those which the applicant owns or		
operates?	Record on File		
			
	ntract specifying that service will be provided on a non-profit, specifying that service will be provided without charge.		
(b) Will the applicant control the station equipment?		X	
(c) Will the applicant have unlimited access to the equip	ment?	X	
(d) Will effective measures be taken to prevent use of the	e equipment by unauthorized persons?	X	
(e) Has the applicant or any controlling party to this appl revoked?	lication had any FCC station license, permit, or authorization		х
if "YES," attach as Exhibit A-4 a statement identifying circumstances relevant to the revocation.	g the Ilcense, permit, or authorization revoked and the		
4. Attach as Exhibit A-5 a statement showing that the and	alicant is eligible, pursuant to Part 76 of the Rules, to be a licensee.		<u> </u>
5. Attach as Exhibit A-6 e map or drawing of appropriate	detail showing the complete proposed relay system including points ay stations, common carrier stations, and/or other stations. The map		
(a) Direction of true north;	. •	- 44 - 1	ľ
receiving point(s);	intermediate relay station(s), passive repeater(s), and terminal		
(c) Call sign(s) and licensee(s) of any station(s) to wh(d) Every path number for the station for which this ap	sich applicant's proposed station will be interconnected;		
 For a new station, new receive site, or change in azimu editing station, attach as Exhibit A-7 a statement or si performed pursuant to Section 78.38 of the FCC Rules committees, frequency engineering firms, etc.). 	th, transmit antenna, power (increase only), or frequency of an howing detailing the results of a frequency coordination study a by a technically qualified person or entity (e.g. local coordinating mers, a foreign government or the representative thereof?)		X
· · · · · · · · · · · · · · · · · · ·	CERTIFICATION		
part hereof and are incorporated herein as if set out in	· ·	ateriat	
The applicant waives any claim to the use of any partic	e Commission's Rules governing the Cable Television Relay Service (CARS). Cular frequency as against the regulatory power of the United States because of the United States of the United Stat	f the	
I CERTIFY that the statements in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.	SIGNATURE Out Bu	DATE 2/2 2/2	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.	PRINT FULL NAME		
(Check appropriate classification)	Arthur R. Block		

OFFICER OF APPLICANT CORPORATION

OFFICIAL OF APPLICANT GOVERNMENTAL ENTITY

OFFICER OF APPLICANT

ASSOCIATION

INDMOUAL

APPLICANT

■ MEMBER OF

APPLICANT

PARTNERSHIP

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

SCHEDULE B. Control and Ownership Information (The information submitted in this schedule should enable the Commission to identify all entities which either directly or indirectly control the applicant.)

SECTION I. Control and Ownership

1. The following information must be provided for the applicant; for each member or partner, if the applicant is an unincorporated association or partnership; and for each cable television owner or operator, if the applicant is a cooperative enterprise wholly owned by cable television owners or operators. Indicate the legal name; the type of entity (1 = Individual, 2 = Partnership, 3 = Corporation, 4 = Unincorporated Association, or 5 = Governmental Entity); and the Internal Revenue Service Employer Identification (E.I.) Number used by the entity (if the entity has no E.I. Number, use Social Security Number). If the entity is a nongovernmental corporation, indicate the state under whose laws the corporation is organized.

CONTINUE NAME HERE IF NEEDED	CODE	>	3	E.I. NO. (or Soc. Sec. No.) 27-0000798	STATE OF INCORPO- RATION	•	РА
Indicate applicant's members; partners; or owners (if a cooperative enterpris	se).						
LEGAL NAME (If person, list last name first)							
CONTINUE NAME HERE IF NEEDED	ENTITY	>		E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	>	
LEGAL NAME (If person, list last name first)							
CONTINUE NAME HERE IF NEEDED	ENTITY	>		E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	>	
LEGAL NAME (If person, list last name first)		• • •	•		,—————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·	·
CONTINUE NAME HERE IF NEEDED	ENTITY	>		E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	>	
(If additional space is needed, attach as Exhibit B-1 the requested information	on in the same form	at as	above.)	1			
(If additional space is needed, attach as Exhibit B-1 the requested information	on in the same form	at as	above.)	· · · · · · · · · · · · · · · · · · ·			YES
If additional space is needed, attach as Exhibit B-1 the requested information				·			YES
	cable television	n ow	ners o	or operators?			YES
Is the applicant a cooperative enterprise wholly owned by Has the above-named applicant filed FCC Form 325 indic	cable television	ow s wh	ners o	or operators?			YES
Is the applicant a cooperative enterprise wholly owned by Has the above-named applicant filed FCC Form 325 indic indirectly control the applicant?	cable television ating all entities	ow s wh	ners of ich eit	or operators? ther directly or			YES
Is the applicant a cooperative enterprise wholly owned by Has the above-named applicant filed FCC Form 325 indic indirectly control the applicant? If "YES," no further items in this section need be answered if the applicant is an unincorporated association or partner partners filed FCC Form(s) 325 indicating all entities where the control of the applicant is an unincorporated association or partners.	cable television ating all entities	ow s wh app	ners of ich eit	or operators? ther directly or			YES

The answer to item 2 is "YES," have the controlling owners or operators of the cooperative enterprise filed FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling owners or operators? N/A If "YES," attach as Exhibit B-3 a statement explaining which owners or operators control the applicant; no further items in this section need be answered. If the applicant does not answer "YES' to item 3, 4, or 5: Attach as Exhibit B-4 the information requested of the applicant in item one for each entity which either directly or indirectly controls the applicant. In addition, attach as Exhibit B-5 a detailed diagram of the "family tree" showing the direct or indirect control of the applicant, to and including the final controlling entity or entities. EXAMPLE If the applicant is controlled by Partnership Alpha (E.I. No. 120101234) which in turn is controlled by Corporation Beta (E.I. No. 140471234) and finally Mr. Cay (E.I. No. 474399210) and Ms. Theta (Who has no E.I. No. and sale elected not to provide he resolution of the controlled by Corporation Beta (E.I. No. 130471234) and finally Mr. Cay (E.I. No. 474399210) and Ms. Theta (Who has no E.I. No. and sale elected not to provide he resolution in the right. NOE: Use the end-regiment, no the applicant name for controlling entities. Use the end-regiment, no the applicant name for controlling entities. SECTION II. Assignment of Authorization or Transfer of Control Indicate the name, mailing address, and telephone number of the licensee. LECAL NUMBER of Security No. is g	Pageof					
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EXHIBIT A-1 Insight Communications Midwest, LLC (FRN #0003-74-8365)

<u>Call Sign</u>	<u>Location</u>	Expiration Date
KKK-46	Boonville, IN	8/1/2005
KYX-60	Louisiana, MO	8/1/2005
KYX-69	Hannibal, MO	8/1/2005
WAJ-459	Shoals, IN	8/1/2005
WCF-542	Oregon, IL	7/1/2002
WGF-97	Jasper, IN	4/1/2002
WHZ-840	Danville, IL	4/1/2004
WPN-34	Belvidere, IL	8/1/2005

EXHIBIT A-2

Schedule A, Item 2(c)

In addition to the contact person shown in response to item 2(c) on Page 1, copies of the correspondence and records relating to the CARS facilities on Exhibit A-1 should be directed to:

A. Renee Callahan Lawler Metzger & Milkman, LLC 1909 K Street, NW Suite 820 Washington, DC 20006 (202) 777-7700

Betsy J. Brady AT&T 1120 20th Street, N.W. Suite 1000 Washington, D.C. 20036 (202) 457-3810

Steven J. Horvitz Cole, Raywid & Braverman, LLP 1919 Pennsylvania Avenue, N.W. Suite 200 Washington, DC 20006 (202) 659-9750

Regina F. Pace Fleischman and Walsh, L.L.P. 1400 16th Street, NW Suite 600 Washington, DC 20036 (202) 939-7900

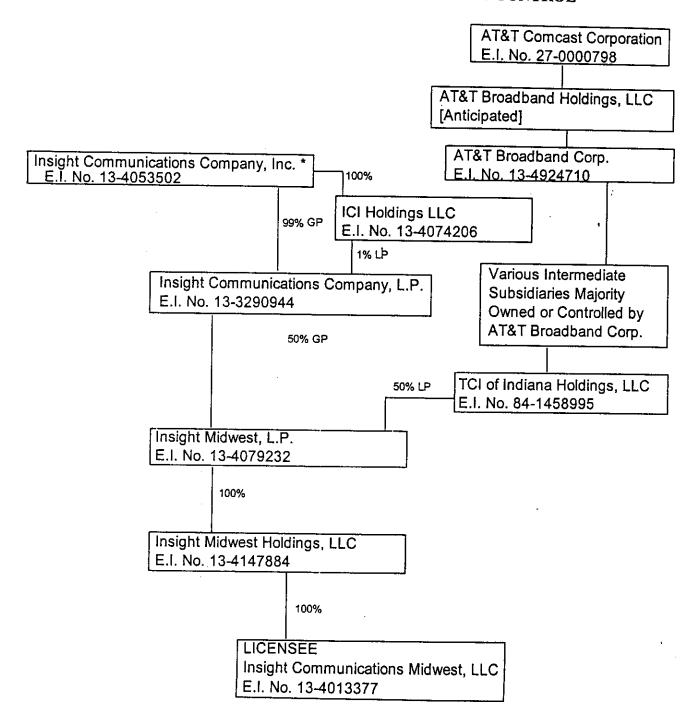
EXHIBIT A-5

Schedule A, Item 4

Section 78.13(a) of the Commission's rules states that an owner or operator of a cable television system is eligible to hold a Cable Television Relay Station ("CARS") license. The current licensee uses the subject CARS facilities in connection with its cable television operations, and it will continue to do so following completion of this transaction.

This transaction involves only the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T's interest in the licensee and does not affect the licensee's eligibility or operation of the cable system serviced by the subject CARS facilities. In addition, the consummation of this transaction will not create any cross-ownership interests prohibited under part 76 of the Commission's rules.

EXHIBIT B-4 & B-5 OWNERSHIP STRUCTURE AFTER TRANSFER OF CONTROL



^{*} Ultimate Controlling Entity

EXHIBIT B-6

Schedule B, Section II

A detailed description of the proposed transaction and a public interest statement is attached hereto. The parties to this application note that with respect to the licenses held by Insight Communications Midwest, LLC, the instant transaction effectuates a *pro forma* transfer of control of the licensee. As is detailed in the chart attached as Exhibit B-4 & B-5 hereto, consent to the transfer of control to AT&T Comcast Corporation of TCI of Indiana Holdings, LLC, the 50% indirect limited partner in Insight Communications Midwest, LLC, is hereby sought. However, because TCI of Indiana Holdings, LLC is only an indirect limited partner in the ownership chain of the licensee and is not responsible for the day-to-day management of the licensee, this transaction only results in a *pro forma* transfer of control of Insight Communications Midwest, LLC.

Accordingly, there is no change in ultimate control of the licensee. <u>See Anax</u>

<u>Broadcasting, Inc.</u>, 87 FCC 2d 483, 49 RR 2d 1589 (1981). Since ultimate control of Insight

Communications Midwest, LLC remains unchanged, prior Commission decisions indicate that
the instant transaction is *pro forma* in nature and not subject to the 30 day public notice period
or the filing of Petitions to Deny. <u>See, e.g., Mize & Rowland Radio</u>, FCC 81-257, 86 FCC
2d 782 (1981); <u>Barnes Enterprises, Inc.</u>, 35 RR 2d 174 (1975).

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FEDERAL COMMUNICATIONS COMMISSION

3060-0589 Page No <u>2</u> of <u>2</u>

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TO THE ORDER OF

FEDERAL COMMUNICATIONS

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COLE, RAYWID & BRAVERMAN, L.L.P. STAMP AND RETURN

STEVEN J. HORVITZ WRITER'S E-MAIL SHORVITZ@CRBLAW.COM

ATTORNEYS AT LAW 1919 PENNSYLVANIA AVENUE, N.W., SUITE 200 WASHINGTON, D.C. 20006-3458 TELEPHONE (202) 659-9750 FAX (202) 452-0067 WWW.CRBLAW.COM

LOS ANGELES OFFICE 2381 ROSECRANS AVENUE, SUITE IIO EL SEGUNDO, CALIFORNIA 90245-4290 TELEPHONE (310) 643-7999 FAX (3IO) 643-7997

March 1, 2002

VIA COURIER

Federal Communications Commission Cable Services Bureau P.O. Box 358205 Pittsburgh, PA 15251-5205

FEC/MELLON MAR 0 1 2002

Attn: Gloria Conway, Cable Services Bureau

Re:

AT&T Comcast Corporation

Application for Transfer of AT&T Corp.'s Interest in

New England Cable New's CARS Licenses

Ladies and Gentlemen:

Enclosed please find FCC Form 327 requesting the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T Corp.'s interest in New England Cable News, licensee of the facilities on the attached list. Also enclosed is FCC Form 159 and a check for \$210.00 for the required filing fee.

If there are any questions regarding this application, please contact Westley Littlejohn or the undersigned.

Steven M Hdr

Enclosures

Federal Communications Commission March 1, 2002 Page 2

> New England Cable News (FRN # 0006-60-2403)

> > ;

<u>Call Sign</u> <u>Location</u> KD-55008 Boston, MA Expiration Date 08/01/2002

FEDERAL COMMUNICATIONS COMMISSION WASHINGTON, D.C. 20554

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

		S	CHEDULE A			
1.(a) Application for:	License		□ D	·		1 of _4
(Check only one box	() <u> </u>		∐ Renewal		Assignment of L	icense
	Modification		Reinstate	ement	X Transfer of Cont	trol
(b) Does this application	n refer to an existing s	4-41-0			Amendment of A	
(c) If this application is t	for a modification of a	lation?	X YES	NO I	f "YES," give call sign Se	ee Ex.
	nplete explanation of the	ncensed sta he modifica	ation, check the tion or proposed		appropriate description(s). Attac
Add Channel(s)	Change Transmit S	Site [Add Receive	Site(s)	Change Antenna Sy	/stem
Delete Channel(s)	Change Operating	Power [Delete Rece	ive Site(s)	Change Height of A. Structure	ntenna
Change Transmitter		[Change Rec	eive Site(s)	Change Height of A	ntenna
Other (Specify)						
2.(a) Indicate the name, mailing a	address, and telephone numi	ber of the appli	cant.			
LEGAL NAME OF APPLICANT	(If person list last name fire					_
AT&T Comcast Cor CONTINUE NAME HERE IF N	rporation					
- OSMINOL NAME HERE IF N	EEDED					
ASSUMED NAME USED FOR	DOING BUSINESS (If any)					_
MAILING STREET ADDRESS	OR P.O. BOX					
1500 Market Street						
CITY Philadelphia		STATE	ZIP CODE	AREA CODE	, 1, O(12, 110,	
		PA	19102	215	665-1700	
(b) Indicate Internal Revenue So If the applicant has no E.I. N	ervice Employer Identification Iumber, use Social Security N	n (E.I.) Number Number.	used by the applica	nt.	E.I. NO. (OR SOC. SEC. NO.) 27-0000798	7
(c) Indicate the name, mailing a	ddress, and telephone numb	er of person to	contact, if other than	applicant.		<u></u> I
NAME OF CONTACT PERSON	(Last name first)	·				\neg
Thomas R. Nathan, CONTINUE NAME HERE IF NE	Regulatory Affair	'S				
FIRM OR COMPANY NAME						-
AT&T Comcast Corp MAILING STREET ADDRESS C	OR P.O. BOX					
1500 Market Street						
city Philadelphia		STATE PA	ZIP CODE 19102	AREA CODE 215	TELEPHONE NO. 981-7535	-
Attach as Exhibit A-2 the nan	ne, mailing address, and tele	phone number	of each additional pe			
(d) Indicate the address where th	ne station's records will be ma	aintained.				
STREET ADDRESS On File - No Change						}
CITY		STATE	ZIP CODE			-

APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

SCHEDULE B. Control and Ownership Information (The information submitted in this schedule should enable the Commission to identify all entities which either directly or indirectly control the applicant.)

SECTION I. Control and Ownership

LEGAL NAME (If person, list last name first)

1. The following information must be provided for the applicant; for each member or partner, if the applicant is an unincorporated association or partnership; and for each cable television owner or operator, if the applicant is a cooperative enterprise wholly owned by cable television owners or operators. Indicate the legal name; the type of entity (1 = Individual, 2 = Partnership, 3 = Corporation, 4 = Unincorporated Association, or 5 = Governmental Entity); and the Internal Revenue Service Employer Identification (E.I.) Number used by the entity (if the entity has no E.I. Number, use Social Security Number). If the entity is a nongovernmental corporation, indicate the state under whose laws the corporation is organized.

CONTINUE NAME HERE IF NEEDED	ENTITY CODE	3	E.I. NO. (or Soc. Sec. No.) 27-0000798	STATE OF INCORPO- RATION	>	РА
Indicate applicant's members; partners; or owners (if a cooperative ente	rprise).					
LEGAL NAME (# person, list last name first)	· · · · · · · · · · · · · · · · · · ·			- 1-0		
CONTINUE NAME HERE IF NEEDED	ENTITY CODE		E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	>	
LEGAL NAME (if person, list last name first)						
CONTINUE NAME HERE IF NEEDED	ENTITY CODE		E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	>	
LEGAL NAME (If person, list last name first)						-
CONTINUE NAME HERE IF NEEDED	ENTITY CODE ▶		E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	•	
		1 .	<u> </u>	1.000.0		
(If additional space is needed, attach as Exhibit B-1 the recuested inform	nation in the same format as	above.)		7.00.00		VEQ
(If additional space is needed, attach as Exhibit B-1 the recuested inform						YES
	by cable television ow	ners c	or operators?			YES
Is the applicant a cooperative enterprise wholly owned Has the above-named applicant filed FCC Form 325 in	by cable television ow dicating all entities wh	ners c	or operators?			YES
Is the applicant a cooperative enterprise wholly owned Has the above-named applicant filed FCC Form 325 in indirectly control the applicant? If "YES," no further items in this section need be answered association or part or partners filed FCC Form(s) 325 indicating all entities	by cable television ow dicating all entities whered.	ners of ich eit	or operators? her directly or s controlling members			YES
Is the applicant a cooperative enterprise wholly owned Has the above-named applicant filed FCC Form 325 in indirectly control the applicant?	by cable television ow dicating all entities whered. Increship, have the appropriate which either directly of the second contraction of the second	ners of ich eit	or operators? her directly or s controlling members			YES
Is the applicant a cooperative enterprise wholly owned Has the above-named applicant filed FCC Form 325 in indirectly control the applicant? If "YES," no further items in this section need be answered association or part for partners filed FCC Form(s) 325 indicating all entities	by cable television ow dicating all entities whered. Increship, have the appropriate which either directly of the second contraction of the second	ners of ich eit N/A licant'	or operators? her directly or s controlling members			YES

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				ı	I/A				
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5. If the applicant soes n	of SIGHER "YES" to	item 3, 4, or 5:							
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mached as Exhibit 8-6 is a anster of control shall not b	e completed or become	ane affective numbered	ci ayinon	u er vanska et ration has been	control. The	e Comm	ient er Lission		
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lack sportprints classification)	TOO!	Officer of App Corporation	hilip	5.	Applicant		Official of ap	e sani	<i>2</i> 02

EXHIBIT A-1 New England Cable News (FRN # 0006-60-2403)

Call SignLocationKD-55008Boston, MA

Expiration Date 08/01/2002

EXHIBIT A-2

Schedule A, Item 2(c)

In addition to the contact person shown in response to item 2(c) on Page 1, copies of the correspondence and records relating to the CARS facilities on Exhibit A-1 should be directed to:

A. Renee Callahan Lawler Metzger & Milkman, LLC 1909 K Street, NW Suite 820 Washington, DC 20006 (202) 777-7700

Betsy J. Brady AT&T 1120 20th Street, N.W. Suite 1000 Washington, D.C. 20036 (202) 457-3810

Steven J. Horvitz Cole, Raywid & Braverman, LLP 1919 Pennsylvania Avenue, N.W. Suite 200 Washington, DC 20006 (202) 659-9750

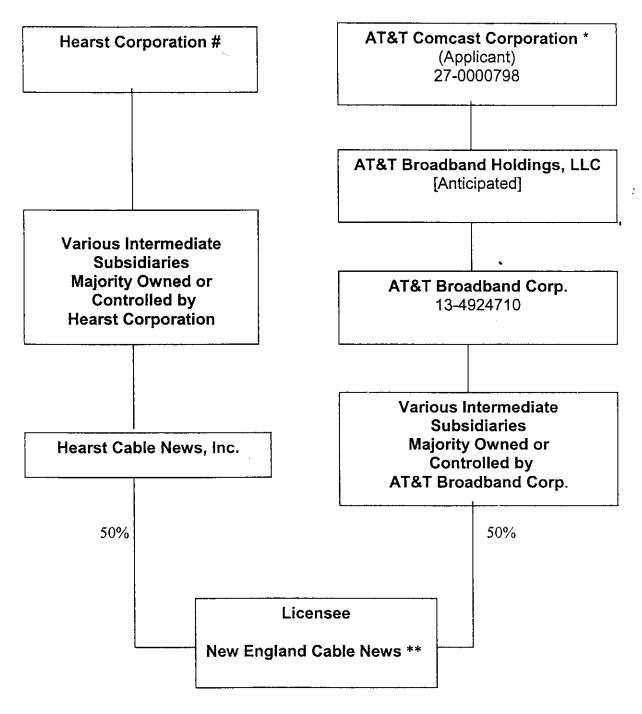
Mark J. Prak
Brooks, Pierce, McLendon, Humphrey & Leonard, LLP
Suite 1600
First Union Capitol Center
150 Fayetteville Street Mall
Raleigh, NC 27601
(919) 839-0108

EXHIBIT A-5

Schedule A, Item 4

Section 78.13(c) of the Commission's rules states that a cable network-entity is eligible to hold a Cable Television Relay Station ("CARS") license. The current licensee uses the subject CARS facilities in connection with its cable-network operations. This will not change as a result of the proposed transaction. Thus, the company will remain eligible in the CARS service. In addition, the consummation of this transaction will not create any cross-ownership interests prohibited under part 76 of the Commission's rules.

Exhibit B-4 and B-5 Ownership Structure After Transfer of Control



- * See accompanying description of transaction
- # The Hearst Corporation is a privately-held corporation managed by executive officers and a Board of Directors elected by the Trustees under Article Second (b) of the will of William Randolph Hearst, deceased.
- ** New England Cable News is a joint venture of The Hearst Corporation (through subsidiaries) and AT&T Corporation (through subsidiaries).

EXHIBIT B-6

Schedule B, Section II

ATTACHED

A COMPLETE COPY OF THE PUBLIC INTEREST STATEMENT IS AVAILABLE IN THE FCC REFERENCE ROOM

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING					Americal In ONCO
DELOKE PROCEEDING	FEDERAI	L COMMUNICATION	c commicci	ON	Approved by OMB 3060-0589
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(5) STREET ADDRESS LINE NO. 2	2, 14.77.				
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Washington (9) DAYTIME TELEPHONE NUMBER (ii				DC 2000	
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30) CERTIFICATION STATEMENT	SEC	TION D - CERTIFIC	CATION		
Westley Kay Littlejohn					
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OLE, RAYWID & BRAVERMAN, L.L.P.

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

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TO THE ORDER OF

FEDERAL COMMUNICATIONS

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

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