**SECTION A - PAYER INFORMATION**

| (2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) | $ |
| Bryan Cave LLP | 45.00 |

| (4) STREET ADDRESS LINE NO. 1 |
| 700 Thirteenth Street, N.W. |

| (5) STREET ADDRESS LINE NO. 2 |
|  |

| (7) STATE |
| DC |

| (6) ZIP CODE |
| 20005 |

| (9) DAYTIME TELEPHONE NUMBER (include area code) |
| (202) 508-6000 |

**SECTION B - APPLICANT INFORMATION**

| (11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card) |
| Dorchester Cablevision Inc. |

| (12) STREET ADDRESS LINE NO. 1 |
| P.O. Box 6659 |

| (13) STREET ADDRESS LINE NO. 2 |
|  |

| (15) STATE |
| CO |

| (16) ZIP CODE |
| 80155 |

| (17) DAYTIME TELEPHONE NUMBER (include area code) |
| (303) 799-1200 |

**SECTION C - PAYMENT INFORMATION**

| (19A) FCC CALL SIGN/OTHER ID |
| WSK244 |

| (20A) PAYMENT TYPE CODE (PTC) |
| PATM |

| (20B) PAYMENT TYPE CODE (PTC) |
|  |

| (20C) PAYMENT TYPE CODE (PTC) |
|  |

| (20D) PAYMENT TYPE CODE (PTC) |
|  |

| (22A) FEE DUE FOR (PTC) IN BLOCK 20A |
| $ |

**SECTION D - TAXPAYER INFORMATION (REQUIRED)**

| PAYER TIN |
| 0430602162 |

| APPLICANT TIN |
| 0591948944 |

**SECTION E - CERTIFICATION**

I, John R. Wilner, certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief.

**SECTION F - CREDIT CARD PAYMENT INFORMATION**

- **MASTERCARD/Visa ACCOUNT NUMBER**
- **EXPIRATION DATE**
- **AUTHORIZED SIGNATURE**

**SEE PUBLIC BURDEN ESTIMATE ON REVERSE**

**FCC FORM 159 JULY 1997 (REVISED)**
UNIVERSITY OF MICHIGAN
RICHARD W. BAILEY
ELDER LAW AND MEDICAL MALPRACTICE

STATEMENT OF FACTS

1. The Plaintiff is an attorney licensed to practice law in the State of Michigan.
2. The Defendant is an individual who was a patient of the Plaintiff.
3. The Plaintiff met with the Defendant on [Date]
4. During the meeting, the Plaintiff discussed the Defendant's medical condition.
5. The Defendant was advised of the legal options available to him.
6. The Defendant chose to pursue legal action against his medical provider.
7. The Defendant retained the Plaintiff to represent him in the lawsuit.
8. The Plaintiff filed a complaint on behalf of the Defendant on [Date].
9. The Defendant was found to be negligently treated by the medical provider.
10. The Defendant was awarded [Amount] in damages.

CERTIFICATION

I, [Name], hereby certify that the above statements are true and correct to the best of my knowledge and belief.

[Signature]
[Date]

[律師名稱]
[日期]
DETAILS / ADDITIONAL INFORMATION: Transfer of control of licensee from Time Warner Inc. to AOL Time Warner Inc.

<table>
<thead>
<tr>
<th>UNITED STATES OF AMERICA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEDERAL COMMUNICATIONS COMMISSION</td>
</tr>
</tbody>
</table>

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION**

1. Name and mailing address of corporate licensee
   
   Dorchester Cablevision Inc.
   P.O. Box 6659
   Englewood, CO 80155-6659

2. Call sign and radio service of each station
   
   WSK244 (IB)

   **DO NOT WRITE IN THIS BLOCK**

   **CONDITIONS OF GRANT**

   The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

   This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

   **DATE AUTHORIZED:**

   **FEDERAL COMMUNICATIONS COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH CORPORATION'S RADIO STATION RECORDS**
February 11, 2000

Via Berry Best Couriers, Ltd.

Federal Communications Commission
Wireless Bureau Applications
P.O. Box 358130
Pittsburgh, PA 15251-5130

Re: Transfer of Control
Business Radio Service
Station KRU795

Ladies & Gentlemen:

Transmitted herewith is an application on FCC Form 703 for consent to the transfer of control of CAT Partnership, licensee of the above-referenced facility, from Time Warner Inc. to AOL Time Warner Inc.

Also submitted herewith is this firm’s check in the amount of $45.00 in payment of the requisite filing fee together with the related FCC Form 159.

Should there be any questions concerning this matter, please communicate with the undersigned.

Very truly yours,

John R. Wilner

JRW/vih

Enclosure

jrw/115057/186773v1
February 10, 2000

Forty Five & 0/100

TO THE

ORDER OF

Federal Communications
Commission

$45.00

---

Signature

---

Check Number
25028
**SECTION A - PAYER INFORMATION**

- **PAYER NAME**: Bryan Cave LLP
- **STREET ADDRESS**: 700 Thirteenth Street, N.W.
- **CITY**: Washington
- **STATE**: DC
- **ZIP CODE**: 20005
- **DAYTIME TELEPHONE NUMBER**: (202) 508-6000

**SECTION B - APPLICANT INFORMATION**

- **APPLICANT NAME**: CAT Partnership
- **STREET ADDRESS**: P.O. Box 6659
- **CITY**: Englewood
- **STATE**: CO
- **ZIP CODE**: 80155
- **DAYTIME TELEPHONE NUMBER**: (303) 799-1200

**SECTION C - PAYMENT INFORMATION**

<table>
<thead>
<tr>
<th>FCC CALL SIGN/OTHER ID</th>
<th>PAYMENT TYPE CODE (PTC)</th>
<th>QUANTITY</th>
<th>FEE DUE FOR (PTC) IN BLOCK 20A</th>
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</thead>
<tbody>
<tr>
<td>KRUT95</td>
<td>PATM</td>
<td>1</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

**SECTION D - TAXPAYER INFORMATION (REQUIRED)**

- **PAYER TIN**: 0430602162
- **APPLICANT TIN**: 0133411114

**SECTION E - CERTIFICATION**

- **CERTIFICATION STATEMENT**: I, John R. Wilson, certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief.

**SECTION F - CREDIT CARD PAYMENT INFORMATION**

For MasterCard or Visa card payments, enter the relevant information below:

- **CARD NUMBER**: [Redacted]
- **SECURITY CODE**: [Redacted]
- **DATE**: [Redacted]
- **SIGNATURE**: [Redacted]
### UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

#### PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE

(This application must be filed before Transfer of Control takes place)

1. **(a) Name of corporate licensee**
   - CAT Partnership

   **(b) Number and street address**
   - P.O. Box 6659

   **(c) City**
   - Englewood

   **(d) State**
   - CO

   **(e) ZIP Code**
   - 80155-6659

   2. **Internet address:**

   3. **Taxpayer Identification Number**
   - 13-3411114

   4. **Call sign and radio service of each station**
   - KRUT95 (IB)

   5. **(a) Fee Type Code**
   - PATM

   **(b) Fee Multiple**
   - 01

   **(c) Fee Due**
   - $45.00

   **FOR FCC USE ONLY**

   6. **Name(s) and Address(es) of Transferor**
   - AOL Time Warner Inc.

   **c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902**

   7. **Yes** or **No**
   - Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.

   **X**

   8. **Yes** or **No**
   - Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.

   **X**

   9. **This section to be answered only by licensees of public coast, airport control tower, aeronautical enroute, aeronautical fixed, or common carrier Alaska public fixed stations. Subsequent to the transfer of control:**

   10. **YES** or **NO**
   - Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.

   **YES**

   11. **YES** or **NO**
   - Will more than 1/5 of the capital stock be either owned of record or may it be 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? If "YES", see Instruction 6.

   **NO**

   12. **YES** or **NO**
   - Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.

   **NO**

   13. **YES** or **NO**
   - What is the name and address of the corporation in immediate control?

   **NO**

14. **YES** or **NO**
   - Under the laws of what State or Country is the controlling corporation organized?

   **NO**

15. **YES** or **NO**
   - Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be 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? If "YES", give details on Page 3.

   **NO**

16. **YES** or **NO**
   - Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.

   **NO**

17. **YES** or **NO**
   - Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).

   **NO**

**CERTIFICATION**

- Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;
- Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;
- Neither applicant nor any member thereof is a foreign government or representative thereof;
- Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;
- Neither the 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 Abuse Act of 1988, 21 U.S.C. Section 882, because of a conviction for possession or distribution of a controlled substance.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM 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).

**SIGNATURE**

Authorized Employee of Licensee Corporation

**DATE** February 9, 2000

**SIGNATURE**

Transferor of Control (Check one)

- Individual
- Partner
- Officer
- Other (Specify):

**DATE** February 9, 2000
 DETAILS / ADDITIONAL INFORMATION: Transfer of control of licensee from Time Warner Inc. to AOL Time Warner Inc.

<table>
<thead>
<tr>
<th>UNITED STATES OF AMERICA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEDERAL COMMUNICATIONS COMMISSION</td>
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<tr>
<td>PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION</td>
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</tbody>
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<table>
<thead>
<tr>
<th>1. Name and mailing address of corporate licensee</th>
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<tbody>
<tr>
<td>CAT Partnership</td>
</tr>
<tr>
<td>P.O. Box 6659</td>
</tr>
<tr>
<td>Englewood, CO 80155-6659</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Call sign and radio service of each station</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRU795(IB)</td>
</tr>
</tbody>
</table>

**CONDITIONS OF GRANT**

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

**DATE AUTHORIZED:**

FEDERAL COMMUNICATIONS COMMISSION

**THIS AUTHORIZATION TO BE FILED WITH CORPORATION'S RADIO STATION RECORDS**
February 11, 2000

Via Berry Best Couriers, Ltd.

Federal Communications Commission
Wireless Bureau Applications
P.O. Box 358130
Pittsburgh, PA 15251-5130

Re: Transfer of Control
Business Radio Service
Stations KYK905; WNBW218; WNGC750;
KNCX707; WHY70; KFU431; KNEK481;
KSS574; WNYE223; KUT265; KUM850

Ladies & Gentlemen:

Transmitted herewith is an application on FCC Form 703 for consent to the
transfer of control of Texas Cable Partners, L.P., licensee of the above-referenced facilities, from
Time Warner Inc. to AOL Time Warner Inc.

Also submitted herewith is this firm’s check in the amount of $495.00 in payment
of the requisite filing fees together with the related FCC Form 159.

Should there be any questions concerning this matter, please communicate with
the undersigned.

Very truly yours,

[Signature]

John R. Wilner

JRW/vih

Enclosure

jrw/115057/186797v1
February 11, 2000

Four Hundred Ninety Five & 0/100

TO THE ORDER OF

Federal Communications Commission

Net Amount

$495.00

Signature has a colored background. Number contains microprinting.
FEDERAL COMMUNICATIONS COMMISSION

REMITTANCE ADVICE

SECTION A - PAYER INFORMATION

PAYER NAME: Bryan Cave LLP

STREET ADDRESS LINE NO. 1:
700 Thirteenth Street, N.W.

STREET ADDRESS LINE NO. 2:

CITY: Washington

STATE: DC

ZIP CODE: 20005

TOTAL AMOUNT PAID (dollars and cents): $495.00

SECTION B - APPLICANT INFORMATION

APPLICANT NAME: Texas Cable Partners, L.P.

STREET ADDRESS LINE NO. 1:
P.O. Box 6659

STREET ADDRESS LINE NO. 2:

CITY: Englewood

STATE: CO

ZIP CODE: 80155

SECTION C - PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>FCC CALL SIGNOTHER ID</th>
<th>PAYMENT TYPE CODE (PTC)</th>
<th>QUANTITY</th>
<th>FEE DUE FOR (PTC) IN BLOCK 20A</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYK905</td>
<td>PAT M</td>
<td>1</td>
<td>$45.00</td>
</tr>
<tr>
<td>WNBU218</td>
<td>PAT M</td>
<td>1</td>
<td>$45.00</td>
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<tr>
<td>WNGC750</td>
<td>PAT M</td>
<td>1</td>
<td>$45.00</td>
</tr>
<tr>
<td>KNCX707</td>
<td>PAT M</td>
<td>1</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

SECTION D - PAYER INFORMATION REQUIRED

PAYER TIN: 0430602162

APPLICANT TIN: 0581215333

SECTION E - CERTIFICATION

Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief.

SIGNATURE: John R. Wilmer

SECTION F - CREDIT CARD PAYMENT INFORMATION

EXPIRATION DATE: AA/XX

AUTHORIZED SIGNATURE: 

DATE: 

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)
REMITTANCE ADVICE (Continuation Sheet)

SECTION BB - ADDITIONAL APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Street Address Line No. 1</th>
<th>Street Address Line No. 2</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Texas Cable Partners, L.P.</td>
<td></td>
<td></td>
<td>Englewood</td>
<td>CO</td>
<td>80155</td>
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</table>

SECTION CC - PAYMENT INFORMATION

<table>
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<tr>
<th>FCC Call Sign</th>
<th>Other ID</th>
<th>Payment Type Code</th>
<th>Quantity</th>
<th>Fee Due for PTC in Block 20A</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHY70</td>
<td></td>
<td>P A T M</td>
<td>1</td>
<td>45.00</td>
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<td></td>
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SECTION DD - TAXPAYER INFORMATION

<table>
<thead>
<tr>
<th>Applicant TIN</th>
<th>0 5 8 1 2 1 5 3 3 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FCC FORM 159-C JULY 1997 (REVISED)
**Texas Cable Partners, L.P.**

**P.O. Box 6659**

**Englewood, CO 80155**

**FCC Call Sign**  
WNYE223  
KUT265  
KUM850

<table>
<thead>
<tr>
<th>Call Sign</th>
<th>Payment Type Code (PTC)</th>
<th>Quantity</th>
<th>Fee Due in Block 20A</th>
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<tbody>
<tr>
<td>WNYE223</td>
<td>PATM</td>
<td>1</td>
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</tr>
<tr>
<td>KUT265</td>
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<tr>
<td>KUM850</td>
<td>PATM</td>
<td>1</td>
<td>45.00</td>
</tr>
</tbody>
</table>

**Aplicant TIN**  
0581215333
PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE

(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee
   Texas Cable Partners, L.P.

(b) Number and street address
   P.O. Box 6659

(c) City
   Englewood

(d) State
   CO

(e) ZIP Code
   80155-6659

2. Internet address:
   58-1215333

3. Taxpayer Identification Number

4. Call sign and radio service of each station
   KYK905 (IB); WNB216 (IB); WNGC750 (IB); KNCX707 (IB); WHY70 (IB); KFU431 (IB)
   KNEK481 (IB); KSX574 (IB); WNYE223 (IG); KUT265 (IB); KUM850 (IB)

5. (a) Fee Type Code
   PATM

(b) Fee Multiple
   11

(c) Fee Due
   $495.00

6. Name(s) and Address(es) of Transferee
   AOL Time Warner Inc.
   c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902

7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.
   YES  NO
   X

8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.
   YES  NO
   X

9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:

(a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.
   YES  NO

(b) Will more than 1/5 of the capital stock be either owned of record or may it be 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? If "YES", see Instruction 6.
   YES  NO

(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer items (d) through (h) below.
   YES  NO

(d) What is the name and address of the corporation in immediate control?

(e) Under the laws of what State or Country is the controlling corporation organized?
   YES  NO

(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be 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? If "YES", give details on Page 3.
   YES  NO

(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.
   YES  NO

(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in items (d) through (h).

CERTIFICATION

- Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;
- Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;
- Neither applicant nor any member thereof is a foreign government or representative thereof;
- Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;
- Neither the 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 Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM 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).

SIGNATURE

Authorizing Employee of Licensee

DATE February 9, 2000

SIGNATURE

Transferee of Control

DATE February 9, 2000

Individual  Partner  Officer  Other (Specify):
**UNITED STATES OF AMERICA**
**FEDERAL COMMUNICATIONS COMMISSION**

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION**

1. Name and mailing address of corporate licensee

**Texas Cable Partners, L.P.**
P.O. Box 6659  
Englewood, CO 80155-6659

2. Call sign and radio service of each station

<table>
<thead>
<tr>
<th>Call Sign</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYK905 (IB); WNBU218 (IB); WNGC750 (IB); KNCX707 (IB); WHY70 (IB); KFU431 (IB); KNEK481 (IB); KSX574 (IB); WNYE223 (IG); KUT265 (IB); KUM850 (IB)</td>
<td></td>
</tr>
</tbody>
</table>

**CONDITIONS OF GRANT**

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

**DATE AUTHORIZED:**

**FEDERAL COMMUNICATIONS COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH CORPORATION'S RADIO STATION RECORDS**

FCC 703 - PAGE 3 JANUARY 1997
February 11, 2000

Via Berry Best Couriers, Ltd.

Federal Communications Commission
Wireless Bureau Applications
P.O. Box 358130
Pittsburgh, PA 15251-5130

Re: Transfer of Control
Business Radio Service
Stations KYC473; KWK997; WPIU450;
WNFH308; WPKW523

Ladies & Gentlemen:

Transmitted herewith is an application on FCC Form 703 for consent to the transfer of control of Massachusetts Cablevision Systems, LP, licensee of the above-referenced facilities, from Time Warner Inc. to AOL Time Warner Inc.

Also submitted herewith is this firm’s check in the amount of $225.00 in payment of the requisite filing fees together with the related FCC Form 159.

Should there be any questions concerning this matter, please communicate with the undersigned.

Very truly yours,

[Signature]

John R. Wilner

JRW/vih

Enclosure

jrw/115057/186800v1
February 11, 2000

Two Hundred Twenty Five & 0/100

TO THE ORDER OF
Federal Communications Commission

FIRST UNION NATIONAL BANK
Washington, D.C. 20006
Check Number 25074

Net Amount

$225.00
**FEDERAL COMMUNICATIONS COMMISSION**

**REMITTANCE ADVICE**

**SECTION A - PAYMENT INFORMATION**

<table>
<thead>
<tr>
<th>(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)</th>
<th>(3) TOTAL AMOUNT PAID (dollars and cents)</th>
</tr>
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<tbody>
<tr>
<td>Bryan Cave LLP</td>
<td>$225.00</td>
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</table>

<table>
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<tr>
<th>(4) STREET ADDRESS LINE NO. 1</th>
<th>(5) STREET ADDRESS LINE NO. 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>700 Thirteenth Street, N.W.</td>
<td></td>
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<table>
<thead>
<tr>
<th>(6) CITY</th>
<th>(7) STATE</th>
<th>(8) ZIP CODE</th>
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</thead>
<tbody>
<tr>
<td>Washington</td>
<td>DC</td>
<td>20005</td>
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<table>
<thead>
<tr>
<th>(9) DAYTIME TELEPHONE NUMBER (include area code)</th>
<th>(10) COUNTRY CODE (if not in U.S.A.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(202) 508-6000</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION B - APPLICANT INFORMATION**

| (11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card) |
| Massachusetts Cablevision Systems, LP |

<table>
<thead>
<tr>
<th>(12) STREET ADDRESS LINE NO. 1</th>
<th>(13) STREET ADDRESS LINE NO. 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 6659</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(14) CITY</th>
<th>(15) STATE</th>
<th>(16) ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Englewood</td>
<td>CO</td>
<td>80155</td>
</tr>
</tbody>
</table>

**SECTION C - PAYMENT INFORMATION**

<table>
<thead>
<tr>
<th>(19A) FCC CALL SIGN/OTHER ID</th>
<th>(20A) PAYMENT TYPE CODE (PTC)</th>
<th>(21A) QUANTITY</th>
<th>(22A) FEE DUE FOR (PTC) IN BLOCK 20A</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYC473</td>
<td>PATM</td>
<td>1</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(23A) FCC CODE</th>
<th>(24A) FCC CODE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(19B) FCC CALL SIGN/OTHER ID</th>
<th>(20B) PAYMENT TYPE CODE (PTC)</th>
<th>(21B) QUANTITY</th>
<th>(22B) FEE DUE FOR (PTC) IN BLOCK 20B</th>
</tr>
</thead>
<tbody>
<tr>
<td>KWK997</td>
<td>PATM</td>
<td>1</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(23B) FCC CODE</th>
<th>(24B) FCC CODE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(19C) FCC CALL SIGN/OTHER ID</th>
<th>(20C) PAYMENT TYPE CODE (PTC)</th>
<th>(21C) QUANTITY</th>
<th>(22C) FEE DUE FOR (PTC) IN BLOCK 20C</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPIU450</td>
<td>PATM</td>
<td>1</td>
<td>$45.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(23C) FCC CODE</th>
<th>(24C) FCC CODE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(19D) FCC CALL SIGN/OTHER ID</th>
<th>(20D) PAYMENT TYPE CODE (PTC)</th>
<th>(21D) QUANTITY</th>
<th>(22D) FEE DUE FOR (PTC) IN BLOCK 20D</th>
</tr>
</thead>
<tbody>
<tr>
<td>WNFH308</td>
<td>PATM</td>
<td>1</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(23D) FCC CODE</th>
<th>(24D) FCC CODE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION D - TAXPAYER INFORMATION (REQUIRED)**

<table>
<thead>
<tr>
<th>(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAYER TIN: 0430602162</td>
</tr>
<tr>
<td>APPLICANT TIN: 0141667116</td>
</tr>
</tbody>
</table>

**SECTION E - CERTIFICATION**

<table>
<thead>
<tr>
<th>(27) CERTIFICATION STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, [PRINT NAME], certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE: [Signature]</td>
</tr>
</tbody>
</table>

**SECTION F - CREDIT CARD PAYMENT INFORMATION**

<table>
<thead>
<tr>
<th>(28) MASTERCARD/Visa ACCOUNT NUMBER</th>
<th>(29) EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(30) DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**FCC FORM 159 JULY 1997 (REVISED)**

**SEE PUBLIC BURDEN ESTIMATE ON REVERSE**
**REMITTANCE ADVICE (Continuation Sheet)**

**SECTION BB - ADDITIONAL APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>(11) APPLICANT NAME</th>
<th>Massachusetts Cablevision Systems, LP</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12) STREET ADDRESS LINE NO. 1</td>
<td>P.O. Box 6659</td>
</tr>
<tr>
<td>(13) STREET ADDRESS LINE NO. 2</td>
<td></td>
</tr>
<tr>
<td>(14) CITY</td>
<td>Englewood</td>
</tr>
<tr>
<td>(15) STATE</td>
<td>CO</td>
</tr>
<tr>
<td>(16) ZIP CODE</td>
<td>80155-6659</td>
</tr>
<tr>
<td>(17) DAYTIME TELEPHONE NUMBER (Include area code)</td>
<td>(303) 799-1200</td>
</tr>
</tbody>
</table>

**SECTION CC - PAYMENT INFORMATION**

| (19A) FCC CALL SIGN/OTHER ID | WPKW523 |
| (20A) PAYMENT TYPE CODE (PTC) | (21A) QUANTITY | 1 |
| (22A) FEE DUE FOR (PTC) IN BLOCK 20A | FEE DUE ONLY | 45.00 |
| (23A) FCC CODE 1 | |
| (24A) FCC CODE 2 | |
| (19B) FCC CALL SIGN/OTHER ID | |
| (20B) PAYMENT TYPE CODE (PTC) | (21B) QUANTITY | |
| (22B) FEE DUE FOR (PTC) IN BLOCK 20B | FEE DUE ONLY | |
| (23B) FCC CODE 1 | |
| (24B) FCC CODE 2 | |
| (19C) FCC CALL SIGN/OTHER ID | |
| (20C) PAYMENT TYPE CODE (PTC) | (21C) QUANTITY | |
| (22C) FEE DUE FOR (PTC) IN BLOCK 20C | FEE DUE ONLY | |
| (23C) FCC CODE 1 | |
| (24C) FCC CODE 2 | |
| (19D) FCC CALL SIGN/OTHER ID | |
| (20D) PAYMENT TYPE CODE (PTC) | (21D) QUANTITY | |
| (22D) FEE DUE FOR (PTC) IN BLOCK 20D | FEE DUE ONLY | |
| (23D) FCC CODE 1 | |
| (24D) FCC CODE 2 | |

**SECTION DD - TAXPAYER INFORMATION**

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

**APPLICANT TIN**

0141667116

FCC FORM 159-C JULY 1997 (REvised)
DETAILS / ADDITIONAL INFORMATION: Transfer of control of licensee from Time Warner Inc. to AOL Time Warner Inc.

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name and mailing address of corporate licensee</td>
<td></td>
</tr>
<tr>
<td>Massachusetts Cablevision Systems, LP</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 6659</td>
<td></td>
</tr>
<tr>
<td>Englewood, CO 80155-6659</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Call sign and radio service of each station</td>
<td></td>
</tr>
<tr>
<td>KYC473 (IB)</td>
<td></td>
</tr>
<tr>
<td>KWK997 (IB)</td>
<td></td>
</tr>
<tr>
<td>WPIU450 (IB)</td>
<td></td>
</tr>
<tr>
<td>WNFH308 (IB)</td>
<td></td>
</tr>
<tr>
<td>WPKW523 (IB)</td>
<td></td>
</tr>
</tbody>
</table>

CONDITIONS OF GRANT

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

DATE AUTHORIZED:

FEDERAL COMMUNICATIONS COMMISSION

THIS AUTHORIZATION TO BE FILED WITH CORPORATION'S RADIO STATION RECORDS
PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE

(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee
Massachusetts Cablevision Systems, LP

(b) Number and street address
P.O. Box 6659

(c) City
Englewood

(d) State
CO

(e) ZIP Code
80155-6659

3. Taxpayer Identification Number
14-1667116

4. Call sign and radio service of each station
Kyc473 (IB); KWK997 (IB); WPIU450 (IB); WNFH308 (IB); WPKW523 (IB)

5. (a) Fee Type Code
PATM

(b) Fee Multiple
05

(c) Fee Due
$225.00

6. Name(s) and Address(es) of Transferee
AOL Time Warner Inc.
c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902

7. Subsequent to the Transfer of Control, will the licensee corporation be the same entity as the applicant corporation? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.

8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.

9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:

(a) Will any officer or director of such corporation be an alien? If "YES", see instruction 6.

(b) Will more than 1/5 of the capital stock be either owned of record or may it be 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? If "YES", see instruction 8.

(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer items (d) through (h) below.

(d) What is the name and address of the corporation in immediate control?

(e) Under the laws of what State or Country is the controlling corporation organized?

(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be 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? If "YES", give details on Page 3.

(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.

(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in items (d) through (h).

CERTIFICATION

- Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;
- Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;
- Neither applicant nor any member thereof is a foreign government or representative thereof;
- Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;
- Neither the 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 Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM 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).

SIGNATURE
Authorized Employee of Licensee Corporation

Signature

DATE
February 9, 2000

SIGNATURE
Transferee of Control (Check one)

☐ Individual  ☐ Partner  ☑ Officer  ☐ Other (Specify):  

DATE
February 9, 2000
February 11, 2000

Via Berry Best Couriers, Ltd.

Federal Communications Commission
Wireless Bureau Applications
P.O. Box 358130
Pittsburgh, PA 15251-5130

Re: Transfer of Control
Business Radio Service
Stations WPFZ212, KLG713;
WNMS967, WNHR511

Ladies & Gentlemen:

Transmitted herewith is an application on FCC Form 703 for consent to the transfer of control of TWFanch-one Co., licensee of the above-referenced facilities, from Time Warner Inc. to AOL Time Warner Inc.

Also submitted herewith is this firm's check in the amount of $180.00 in payment of the requisite filing fees together with the related FCC Form 159.

Should there be any questions concerning this matter, please communicate with the undersigned.

Very truly yours,

John R. Wilner

JRW/vih

Enclosure

jrw/115057/186795v1
February 10, 2000

One Hundred Eighty & 0/100

TO THE ORDER OF

Federal Communications
Commission

$180.00

Check Number 25054

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING
FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Bryan Cave LLP

(3) TOTAL AMOUNT PAID (dollars and cents) $ 180.00

(4) STREET ADDRESS LINE NO. 1 700 Thirteenth Street, N.W.

(5) STREET ADDRESS LINE NO. 2

(6) CITY Washington

(7) STATE DC

(8) ZIP CODE 20005

(9) DAYTIME TELEPHONE NUMBER (include area code) (202) 508-6000

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

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

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card) TWFlanch-one Co.

(12) STREET ADDRESS LINE NO. 1 P.O. Box 6659

(13) STREET ADDRESS LINE NO. 2

(14) CITY Englewood

(15) STATE CO

(16) ZIP CODE 80155

(17) DAYTIME TELEPHONE NUMBER (include area code) (303) 799-1200

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>FCC CALL SIGN/OOTHER ID</th>
<th>PAYMENT TYPE CODE (PTC)</th>
<th>QUANTITY</th>
<th>DUE FOR (PTC) IN BLOCK</th>
<th>FCC USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPZF212</td>
<td>P A T M</td>
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<tr>
<td>KLG713</td>
<td>P A T M</td>
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<td>45.00</td>
<td></td>
</tr>
<tr>
<td>WNMS967</td>
<td>P A T M</td>
<td>1</td>
<td>45.00</td>
<td></td>
</tr>
<tr>
<td>WNRH511</td>
<td>P A T M</td>
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<td>45.00</td>
<td></td>
</tr>
</tbody>
</table>

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25) PAYER TIN 0430602162

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B.11 IS DIFFERENT FROM PAYER NAME IN A.2

APPLICANT TIN 0841339533

SECTION E - CERTIFICATION

I, John R. Wilner, (PRINT NAME) , Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE

SECTION F - CREDIT CARD PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>MASTERCARD/Visa ACCOUNT NUMBER</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTH YEAR</td>
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</table>

<table>
<thead>
<tr>
<th>VISA</th>
<th>AUTHORIZED SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)
PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE

(This application must be filed before Transfer of Control takes place)

1 (a) Name of corporate licensee
TWFanch-one Co.

(b) Number and street address
P.O. Box 6659

(c) City
Englewood

(d) State
CO

(e) ZIP Code
80155-6659

3. Taxpayer Identification Number
84-1339533

4. Call sign and radio service of each station
WPFZZ12 (IB); KLG713 (IB); WNMS967 (IB); WNHR511 (IB)

5. (a) Fee Type Code
PATM

(b) Fee Multiple
04

(c) Fee Due
$ 180.00

FOR FCC USE ONLY

6. Name(s) and Address(es) of Transferee
AOL Time Warner Inc.
c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902

7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.

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Applicant will have unlimited access to the radio equipment and will control access to unauthorized persons;

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SIGNATURE

DATE February 9, 2000

Signature of Authorized Officer of Licensee

Transferor of Control (Check one) 

Individual 

Partner 

X Officer 

Other (Specify): 

DATE February 9, 2000

FCC 703 - PAGE 1 JANUARY 1997