Date & Time Filed: Jun 14 2005 8:38:12:993PM File Number: SAT–STA–20050614–00124

Callsign:

FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: STA to Relocate EchoStar 4 from 157 W.L. to 61.5 W.L.

1. Applicant

Name: EchoStar Satellite L.L.C. Phone Number: 303–723–1000

DBA Name: Fax Number: 303–723–1699

Street: 9601 South Meridian Blvd. **E-Mail:**

City: Englewood State: CO

Country: USA Zipcode: 80112 -

Attention: David K Moskowitz

2. Contact									
	Name:	Pantelis Michalopoulos	Phone Nu	ımber:	202-429-6496				
	Company:	Steptoe & Johnson LLP	Fax Num	ber:	202-429-3902				
	Street:	1330 Connecticut Ave., N.W.	E-Mail:		pmichalo@steptoe.com				
	City:	Washington	State:		DC				
	Country:	USA	Zipcode:		20036 -1795				
	Attention:		Relations	hip:	Legal Counsel				
If Yes,Gover	complete and	with this application? attach FCC Form 159. If No, incommercial educational):		for fee exemption (see 47)	7 C.F.R.Section 1.1114).				
4b. Fee Cla	4b. Fee Classification CRY – Space Station (Geostationary)								
5. Type Re	equest								
Chang	ge Station Loc	ation	nd Expiration 1	Date	O Other				
6. Tempora	ary Orbit Loca .5	ation		7. Requested Extended	Expiration Date				

8. Description (If the complete description de	oes not appear in this box,	please go to the end of the	he form to view it in its entirety	7.)					
See attached application.									
9. 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.									
10. Name of Person Signing David K. Moskowitz		11. Title of Person Signing Executive Vice President and General Counsel							
12. Please supply any need attachments.									
Attachment 1: Narrative App.	Attachment 2:		Attachment 3:						
	-								
· · · · · · · · · · · · · · · · · · ·	tion 1001), AND/OR REV	OCATION OF ANY STA	FINE AND / OR IMPRISONS ATION AUTHORIZATION ode, Title 47, Section 503).	MENT					

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