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File Number: SAT-STA-20060303-00020

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:

Application to Extend Authority to Operate EchoStar 4 (S2621) at 77 W.L. for an Additional 30 Days

1. Applicant

<b>Name:</b>	EchoStar Satellite Operating Corporation	<b>Phone Number:</b>	303-723-1000
<b>DBA Name:</b>		<b>Fax Number:</b>	303-723-1699
<b>Street:</b>	9601 South Meridian Boulevard	<b>E-Mail:</b>	
<b>City:</b>	Englewood	<b>State:</b>	CO
<b>Country:</b>	USA	<b>Zipcode:</b>	80112 -
<b>Attention:</b>	David K Moskowitz		

2. Contact			
<b>Name:</b>	Pantelis Michalopoulos	<b>Phone Number:</b>	202-429-6494
<b>Company:</b>	Steptoe & Johnson LLP	<b>Fax Number:</b>	202-429-3902
<b>Street:</b>	1330 Connecticut Ave., NW	<b>E-Mail:</b>	pmichalo@steptoe.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -1795
<b>Attention:</b>		<b>Relationship:</b>	Legal Counsel
(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)			
3. Reference File Number SATSTA2005122200268 or Submission ID			
4a. Is a fee submitted with this application?			
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).			
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee			
<input type="radio"/> Other (please explain):			
4b. Fee Classification    CRY – Space Station (Geostationary)			
5. Type Request			
<input type="radio"/> Change Station Location <input checked="" type="radio"/> Extend Expiration Date <input type="radio"/> Other			
6. Temporary Orbit Location 77 W.L.		7. Requested Extended Expiration Date 2006-04-05 00:00:00.0	

8. Description (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

See attached narrative.

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.  Yes  No

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: STA Narrative

Attachment 2:

Attachment 3:

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 AUTHORIZATION  
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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