Approved by OMB 3060–0678

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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 – DIRECTV 1 – De–orbit

1. Applicant								
	Name:	DIRECTV Enterprises, LLC	Phone Number:	310-726-4993				
	DBA Name:		Fax Number:	310-535-5323				
	Street:	2230 E. Imperial Hwy	E-Mail:	dapattillo@directv.com				
		CA/LAI/N340						
	City:	El Segundo	State:	CA				
	Country:	USA	Zipcode:	90245 –				
	Attention:	Dave Pattillo						

2. Contact									
	Name:	William M. Wiltshire	Phone Nu	imber:	202-730-1350				
	Company:	Harris, Wiltshire & Grannis LLP	Fax Num	ber:	202-730-1301				
	Street:	1200 18th Street, NW	E-Mail:		wwiltshire@harriswiltshire.com				
	City:	Washington	State:		DC				
	Country:	y: USA Zipcode:			20036 –				
	Attention:	William M. Wiltshire	Relations	hip:	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 or Submission ID									
4a. Is a fee submitted with this application?If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).									
Governmental Entity O Noncommercial educational licensee									
O Other(please explain):									
4b. Fee Classification									
5. Type Request									
Change Station Location Extend Expiration Date Other									
6. Tempora	6. Temporary Orbit Location			7. Requested Extended Expiration Date					

8. Description (If the complete description of See Exhibit A.	does not appear in this box	, please go to the end of t	he form to view it in its entir	ety.)
 9. By checking Yes, the undersigned certifies to a denial of Federal benefits that includes F 21 U.S.C. Section 862, because of a conviction 1.2002(b) for the meaning of " party to 	CC benefits pursuant to Se on for possession or distrib	ection 5301 of the Anti–D pution of a controlled subs	Drug Act of 1988,	O No
10. Name of Person Signing James Butterworth	11. Title of Person Signing Senior Vice President			
12. Please supply any need attachments.		-		
Attachment 1: Exhibit A	Attachment 2:		Attachment 3:	
	ction 1001), AND/OR REV	VOCATION OF ANY ST	Y FINE AND / OR IMPRISC ATION AUTHORIZATION ode, Title 47, Section 503).	NMENT

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