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File Number: SAT-STA-20101014-00220

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:

Renewal of Special Tempory Authority to Operate EchoStar 15 on Channels 23 and 24 at 61.55 W.L.

1. Applicant

<b>Name:</b>	EchoStar Corporation	<b>Phone Number:</b>	(202) 293-0981
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	100 Inverness Terrace East	<b>E-Mail:</b>	
<b>City:</b>	Englewood	<b>State:</b>	CO
<b>Country:</b>	USA	<b>Zipcode:</b>	80112 -
<b>Attention:</b>	Alison Minea		

2. Contact

<b>Name:</b>	Pantelis Michalopoulos	<b>Phone Number:</b>	(202) 429-6494
<b>Company:</b>	Step toe & Johnson LLP	<b>Fax Number:</b>	
<b>Street:</b>	1330 Connecticut Ave. NW	<b>E-Mail:</b>	pmichalopoulos@step toe.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<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 SATSTA2010091700193 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     Noncommercial educational licensee
- Other (please explain):

4b. Fee Classification

5. Type Request

- Change Station Location                       Extend Expiration Date                       Other

6. Temporary Orbit Location  
61.55 W.L.

7. Requested Extended Expiration Date  
2010-11-15 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.)

EchoStar Corporation seeks renewal of its special temporary authority to operate the EchoStar 15 satellite over Channels 23 and 24 at 61.55 W.L. for an additional 30 days. 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  
Alison Minea

11. Title of Person Signing  
Corporate Counsel

12. Please supply any need attachments.

Attachment 1: 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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