Date & Time Filed: May 25 2011 12:19:45:263PM

File Number: SAT-STA-20110525-00097

Callsign:

## FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

## FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Special Temporary Authority to Operate EchoStar 3 at 61.45 W.L. as an In–Orbit Spare

1. Applicant

Name: EchoStar Satellite Operating Phone Number: 202–293–0981

Corporation

DBA Name: Fax Number:

**Street:** 100 Inverness Terrace East **E-Mail:** 

City: Englewood State: CO

Country: USA Zipcode: 80112 -

**Attention:** Ms Alison Minea

2. Contact					
	Name:	Pantelis Michalopoulos	Phone Nu	ımber:	(202) 429–6494
	Company:	Steptoe & Johnson LLP	Fax Num	ber:	
	Street:	1330 Connecticut Ave. NW	E-Mail:		pmichalopoulos@steptoe.com
	City:	Washington	State:		DC
	<b>Country:</b>	USA	Zipcode:		20036 –
	Attention:		Relations	hip:	Legal Counsel
application	n. Please enter		h the Commiss	ion, enter either the file	e number or the IB Submission ID of the related
If Yes,	complete and	with this application?  I attach FCC Form 159. If No, in		for fee exemption (see 4	47 C.F.R.Section 1.1114).
<del></del>	please explair	Noncommercial education  n):	iai ncensee		
4b. Fee Cla	assification				
5. Type Re	equest				
O Chang	ge Station Loc	eation Exte	end Expiration l	Date	Other
•	ary Orbit Loca .45 W.L.	ntion		7. Requested Extended	l Expiration Date

to a denial of Federal benefits that includes FCC b	_								
to a denial of Federal benefits that includes FCC b									
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		11. Title of Person Signing							
Alison Minea		Corporate Counsel							
12. Please supply any need attachments.		•							
Attachment 1: Narrative	Attachment 2:		Attachment 3:						
WILLFUL FALSE STATEMENTS MA									
(U.S. Code, Title 18, Section (U.S. Code, Title 47, Section		OCATION OF ANY STA	ATION AUTHORIZATION						

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