Date & Time Filed: Aug 27 2012 4:59:54:390PM File Number: SAT-STA-20120827-00143

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 Temporary Authority to Operate EchoStar 15 Over Channels 23 and 24 at 61.65 W.L.

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 Avenue NW	E–Mail:		pmichalopoulos@steptoe.com
	City:	Washington	State:		DC
	Country:	USA	Zipcode:		20036 –
	Attention:		Relations	hip:	Legal Counsel
application	n. Please enter				the file number or the IB Submission ID of the related
If Yes,	, complete and	with this application? I attach FCC Form 159. If No, ind y Noncommercial educational		for fee exemption	on (see 47 C.F.R.Section 1.1114).
Other	(please explain	1):			
4b. Fee Cl	assification				
5. Type Re	equest				
O Chang	ge Station Loc	eation	d Expiration	Date	O Other
•	ary Orbit Loca 1.65 W.L.	ation			xtended Expiration Date 17 00:00:00.0

8. Description (If the complete descrip	otion does not appear in this b	ox, please go to the end of	the form to view it in its entirety.)			
EchoStar Satellite Operauthority to operate that attached narrative.		_				
9. By checking Yes, the undersigned cer to a denial of Federal benefits that inclu 21 U.S.C. Section 862, because of a cor 1.2002(b) for the meaning of "par	des FCC benefits pursuant to a viction for possession or distributed by the control of the contr	Section 5301 of the Anti–Eribution of a controlled subs	Orug Act of 1988,	O 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:			
	-		•			

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