Date & Time Filed: Oct 22 2012 12:23:29:433PM File Number: SAT-STA-20121022-00185

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:

Application for Special Temporary Authority to relocate EchoStar 15 to the 44.9 W.L. orbital location.

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	Ī				
	Name:	Pantelis Michalopoulos	Phone Nu	ımber:	202-429-6494
	Company:	Steptoe & Johnson LLP	Fax Num	ber:	202-429-3902
	Street:	1330 Connecticut Ave NW	E-Mail:		pmichalopoulos@steptoe.com
	City:	Washington	State:		DC
	Country:	USA	Zipcode:		20036 -1795
	Attention:		Relations	ship:	Legal Counsel
application	n. Please enter				number or the IB Submission ID of the related
If Yes	, complete and	with this application? I attach FCC Form 159. If No, in y Noncommercial education		for fee exemption (see 4'	7 C.F.R.Section 1.1114).
O Other	(please explain	n):			
4b. Fee Cl	assification				
5. Type Re	equest				
Chan	ge Station Loc	eation	end Expiration	Date	O Other
•	ary Orbit Loca 4.9 W.L.	ation		7. Requested Extended	Expiration Date

8. Description (If the complete descr	iption does not appear in this box, p	ease go to the end of the form to view it in its entirety.)		
EchoStar Satellite Ope:	rating Corporation reques	sts Special Temporary Authority to relocate		
EchoStar 15 from 61.65	to the 44.9 W.L. orbital	location. See attached narrative.		
to a denial of Federal benefits that incl 21 U.S.C. Section 862, because of a co 1.2002(b) for the meaning of "pa	udes FCC benefits pursuant to Sectionviction for possession or distribution arty to the application equot; for the			
10. Name of Person Signing Alison Minea		11. Title of Person Signing Corporate Counsel		
		orporate Counser		
12. Please supply any need attachment	T T T T T T T T T T T T T T T T T T T	1		
Attachment 1: Narrative	Attachment 2:	Attachment 3:		
WILLFUL FALSE STATEN	MENTS MADE ON THIS FORM A	RE PUNISHABLE BY FINE AND / OR IMPRISONMENT		
· ·		CATION OF ANY STATION AUTHORIZATION		
(U.S. Codo, Title	- 47 Section 312(a)(1)) AND/OR F	ORFEITURE (U.S. Code, Title 47, Section 503).		

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