Date & Time Filed: Dec 3 2012 5:20:35:810PM File Number: SAT-STA-20121203-00206

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:

Application for Special Temporary Authority to Move EchoStar 6 to, and Operate It at, 76.80 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 | mber: | 202-429-6494 |
| | Company: | Steptoe & Johnson LLP | Fax Numb | oer: | |
| | Street: | 1330 Connecticut Avenue NW | E–Mail: | | pmichalopoulos@steptoe.com |
| | City: | Washington | State: | | DC |
| | Country: | USA | Zipcode: | | 20036 – |
| | Attention: | | Relationsl | ութ: | Legal Counsel |
| | | | | | |
| application 3. Refer | n. Please enter rence File Nun | only one.) nber or Submission ID | the Commissi | on, enter either the file n | number or the IB Submission ID of the related |
| | | with this application? I attach FCC Form 159. If No, inc. | licate reason f | or fee exemption (see 47 | C.F.R.Section 1.1114). |
| | | y Noncommercial educationa | | r Constitution | , , , , , , , , , , , , , , , , , , , |
| | (please explain | | | | |
| 4b. Fee Cl | assification | | | | |
| 5. Type Re | equest | | | | |
| Change Station Location Extend Expiration Date Other | | | | | |
| • | ary Orbit Loca 5.80 W.L. | ntion | | 7. Requested Extended I | Expiration Date |

| 8. Description (If the complete descrip | tion does not appear in this bo | x, please go to the end of t | he form to view it in its entirety.) | | | | | | |
|--|--|--|--------------------------------------|--|--|--|--|--|--|
| EchoStar Satellite Opera EchoStar 6 to, and opera | | _ | porary Authority to move rrative. | | | | | | |
| 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 Alison Minea | | 11. Title of Person Signing Corporate Counsel | | | | | | | |
| 12. Please supply any need attachments. | | | | | | | | | |
| Attachment 1: Narrative | Attachment 2: | | Attachment 3: | | | | | | |
| | | | Y FINE AND / OR IMPRISONMENT | | | | | | |
| · · · · · · · · · · · · · · · · · · · | 8, Section 1001), AND/OR RE 47, Section 312(a)(1)), AND/O | | | | | | | | |

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