Date & Time Filed: Dec 17 2014 2:55:33:976PM File Number: SAT-STA-20141217-00132

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:

Request for Renewal of Special Temporary Authority to Operate EchoStar 16 (Call Sign S2844) in the 61.5 W.L. Cluster on Channels 1 and 2

1. Applica	nt			
	Name:	EchoStar Satellite Operating Corporation	Phone Number:	202-293-0981
	DBA Name:		Fax Number:	
	Street:	100 Inverness Terrace East	E–Mail:	
	City:	Englewood	State:	CO
	Country:	USA	Zipcode:	80112 –
	Attention:			

2. Contact	i					
	Name:	Jennifer A. Manner	Phone Nu	ımber:	301–428–5893	
	Company:	EchoStar Corporation	Fax Num	ber:	301–428–2818	
	Street:	11717 Exploration Lane	E–Mail:		jennifer.mannner@echostar.com	
	City:	Germantown	State:		MD	
	Country:	USA	Zipcode:		20876 –	
	Attention:		Relations	ship:		
application	n. Please enter				the file number or the IB Submission ID of the relate	ed
If Yes	, complete and			for fee exemption	on (see 47 C.F.R.Section 1.1114).	
_	rnmentai Entit (please explaii	y Noncommercial education):	onai licensee			
	assification					
5. Type Re	equest					
O Chan	ge Station Loc	eation Ex	tend Expiration	Date	Other	
6. Temporary Orbit Location 61.5			7. Requested Extended Expiration Date 2015–08–09 00:00:00.0			
_						

8. Description (If the complete description does	s not appear in this box,	please go to the end of the	ne form to view it in its entirety.)						
EchoStar Satellite Operating (Authority to operate the Echoson channels 1 and 2. See attack	Corporation requ	ests a renewal of	its Special Temporary						
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							
Jennifer A. Manner		Vice President, Regulatory Affairs							
12. Please supply any need attachments.									
Attachment 1: Narrative	Attachment 2:		Attachment 3:						
		<u>.</u>							
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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