

Date & Time Filed: Jul 25 2016 4:50:22:326PM

File Number: SAT-STA-20160725-00072

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 STA to Operate EchoStar 12 (Call Sign S2653) in the 61.5 W.L. Cluster on Channels 1 and 2

1. Applicant

|                   |  |                      |                              |
|-------------------|--|----------------------|------------------------------|
| <b>Name:</b>      | EchoStar Satellite Operating Corporation | <b>Phone Number:</b> | 301-428-5893                 |
| <b>DBA Name:</b>  |  | <b>Fax Number:</b>   |                              |
| <b>Street:</b>    | 100 Inverness Terrace East               | <b>E-Mail:</b>       | jennifer.manner@echostar.com |
| <b>City:</b>      | Englewood                                | <b>State:</b>        | CO                           |
| <b>Country:</b>   | USA                                      | <b>Zipcode:</b>      | 80112 -                      |
| <b>Attention:</b> | Jennifer A Manner                        |                      |                              |

|   |  |  |                              |
|---|--|--|------------------------------|
| 2. Contact  |  |  |                              |
| <b>Name:</b>  | Jennifer A. Manner                       | <b>Phone Number:</b>   | 301-428-5893                 |
| <b>Company:</b>   | EchoStar Satellite Operating Corporation | <b>Fax Number:</b>   |                              |
| <b>Street:</b>  | 11717 Exploration Lane                   | <b>E-Mail:</b>   | jennifer.manner@echostar.com |
| <b>City:</b>  | Germantown                               | <b>State:</b>  | MD                           |
| <b>Country:</b>   | USA                                      | <b>Zipcode:</b>  | 20876 -                      |
| <b>Attention:</b>   |  | <b>Relationship:</b>   | Same                         |
| (If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.) |  |  |                              |
| 3. Reference File Number SATSTA2016011400003 or Submission ID   |  |  |                              |
| 4a. Is a fee submitted with this application?   |  |  |                              |
| <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).                                   |  |  |                              |
| <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee  |  |  |                              |
| <input type="radio"/> Other (please explain):   |  |  |                              |
| 4b. Fee Classification  |  |  |                              |
| 5. Type Request   |  |  |                              |
| <input type="radio"/> Change Station Location <input checked="" type="radio"/> Extend Expiration Date <input type="radio"/> Other   |  |  |                              |
| 6. Temporary Orbit Location   |  | 7. Requested Extended Expiration Date<br>2017-02-07 00:00:00.0 |                              |

8. Description (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

EchoStar Satellite Operating Corporation requests a renewal of its Special Temporary Authority to operate the EchoStar 12 satellite (Call Sign S2653) in the 61.5 W.L. cluster on channels 1 and 2. See attached narrative.

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.  Yes  No

10. Name of Person Signing  
Jennifer A. Manner

11. Title of Person Signing  
Senior Vice President, Regulatory Affairs

12. Please supply any need attachments.

Attachment 1: Narrative

Attachment 2:

Attachment 3:

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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