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File Number: SAT-STA-20161207-00126

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 180-day STA to Operate EchoStar 3 at 61.8 W.L.

1. Applicant

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

2. Contact			
Name:	Jennifer A. Manner	Phone Number:	301-428-5893
Company:	EchoStar Satellite Operating Corporation	Fax Number:	
Street:	11717 Exploration Lane	E-Mail:	jennifer.manner@echostar.com
City:	Germantown	State:	MD
Country:	USA	Zipcode:	20876 -
Attention:		Relationship:	
(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 SATSTA2016060300055 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 CRY - Space Station (Geostationary)			
5. Type Request			
<input type="radio"/> Change Station Location <input checked="" type="radio"/> Extend Expiration Date <input type="radio"/> Other			
6. Temporary Orbit Location 61.8		7. Requested Extended Expiration Date 2017-06-14 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.)

Seeking a 180-day renewal of its STA to operate the EchoStar 3 satellite at 61.8. W.L. as an in-orbit spare. 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: STA Renewal Request

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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