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File Number: SAT-STA-20171208-00169

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:

Emergency STA to Relocate EchoStar 18

1. Applicant

Name:	DISH Operating L.L.C.	Phone Number:	202-463-3709
DBA Name:		Fax Number:	
Street:	1110 Vermont Ave NW Suite 750	E-Mail:	Alison.Minea@dish.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20005 -
Attention:	Alison Minea		

2. Contact	
Name: Alison Minea	Phone Number: 202-463-3709
Company: DISH Operating L.L.C.	Fax Number:
Street: 1110 Vermont Ave NW Suite 750	E-Mail: Alison.Minea@dish.com
City: Washington	State: DC
Country: USA	Zipcode: 20005 -
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 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 checked="" type="radio"/> Change Station Location <input type="radio"/> Extend Expiration Date <input type="radio"/> Other	
6. Temporary Orbit Location 109.9 WL	7. Requested Extended Expiration Date

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 30-day special temporary authority to move and operate the EchoStar 18 satellite (Call Sign S2931) at 109.9 W.L. to provide emergency backup capacity for the EchoStar 10 satellite (Call Sign S2694). See Exhibit 1.

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
Alison Minea

11. Title of Person Signing
Director & Senior Counsel, Regulatory Affairs

12. Please supply any need attachments.

Attachment 1: Exhibit 1

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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