Date & Time Filed: Jan 26 2018 2:54:41:820PM File Number: SAT–STA–20180126–00010

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:

January 2018 STA Renewal for EchoStar 16 (Call Sign S2844) on Channels 1 & 2 at 61.5 W.L.

1. Applicant

Name: EchoStar Satellite Operating Phone Number: 301–428–5893

Corporation

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 Num	ber:	
	Street:	11717 Exploration Lane	E–Mail:		jennifer.manner@echostar.com
	City:	Germantown	State:		MD
	Country:	USA	Zipcode:		20876 –
	Attention:		Relations	hip:	Same
4a. Is a f	fee submitted complete and	with this application? I attach FCC Form 159. If No, in Noncommercial educations 1):	dicate reason		on (see 47 C.F.R.Section 1.1114).
4b. Fee Cla	assification				
5. Type Re Chang	equest ge Station Loc	eation Exter	nd Expiration	Date	O Other
6. Tempora	ary Orbit Loca	ation		•	extended Expiration Date 1-07 00:00:00.0

8. Description (If the complete descript	ion does not appear in this b	pox, please go to the end of t	the form to view it in its entirety.	.)		
Seeking renewal of speciat the 61.5 W.L. orbital		= =	oStar 16 on channels 1	l and 2		
9. By checking Yes, the undersigned certito a denial of Federal benefits that includ 21 U.S.C. Section 862, because of a conv 1.2002(b) for the meaning of "party	es FCC benefits pursuant to viction for possession or dist	Section 5301 of the Anti–D tribution of a controlled subs	Orug Act of 1988,	O No		
10. Name of Person Signing		11. Title of Person Signing				
Jennifer A. Manner		Senior Vice President, Regulatory Affairs				
12. Please supply any need attachments.		-				
Attachment 1: Exhibit 1 Attachment 2:			Attachment 3:			
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WHILEH EVICE COVERNO	NTS MADE ON THIS FOR		VEINE AND / OD IMPRIGONIA			

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