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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:

SSO-A space station STA 05/23/18

1. Applicant

Name: Spaceflight, Inc. Phone Number: (425) 478–2848

DBA Name: Fax Number:

Street: 1505 Westlake Ave. North, Ste 600 E-Mail: KristinaH@SpaceflightIndustries.

com

City: Seattle State: WA

Country: USA **Zipcode:** 98109 –

Attention: Kristina Hloptsidis

2. Contact						
Name:	Jonathan L. Wiener	Phone Number:	703–216–9224			
Company	Goldberg Godles Wiener & Wright LLP	Fax Number:				
Street:	1025 Connecticut Ave, NW	E-Mail:	jwiener@g2w2.com			
	Ste 1000					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20036 -2413			
Attention	:	Relationship:	Legal Counsel			
(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? If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). Governmental Entity Noncommercial educational licensee Other(please explain):						
4b. Fee Classification CXW – Space Station (Non–Geostationary)						
5. Type Request Change Station I	Location Extend	Expiration Date	Other			
6. Temporary Orbit L	ocation	7. Requested E	xtended Expiration Date			

8. Description (If the complete description does	not appear in this box,	please go to the end of the	ne form to view it in its entire	ty.)				
Spaceflight Inc. requests Specspacecraft and corresponding (24) hours to take place in a	earth stations fo	or a duration of	no more than twenty	-four				
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							
Curt Blake		President						
12. Please supply any need attachments.								
Attachment 1: Request for STA Attachment 2: Confide		tial Req. Attachment 3:						
WILLFUL FALSE STATEMENTS MA (U.S. Code, Title 18, Section (U.S. Code, Title 47, Section	n 1001), AND/OR REV	OCATION OF ANY STA	ATION AUTHORIZATION	NMENT				

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