Date & Time Filed: Apr 16 2019 6:12:04:100PM File Number: SAT-STA-20190416-00028

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: 180–Day STA Extension Request to Operate T15 (Call Sign S2930) at 101 WL

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| Ι. | ΔU | plic | anı |
| | | | |

Name: DIRECTV Enterprises, LLC **Phone Number:** 310–964–4996

DBA Name: Fax Number:

Street: 1120 20th Street, NW E-Mail: spdulac@att.com

Suite 1000

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Steve Dulac

| 2. Contact | | | | | | |
|--|--|--------------------|-----------|-------------------------|-----------------------|--|
| | Name: | Jennifer D. Hindin | Phone Nu | ımber: | 202-719-4975 | |
| | Company: | Wiley Rein LLP | Fax Num | ber: | 202-719-7049 | |
| | Street: | 1776 K Street, NW | E–Mail: | | jhindin@wileyrein.com | |
| | City: | Washington | State: | | DC | |
| | Country: | USA | Zipcode: | | 20006 – | |
| | Attention: | | Relations | ship: | 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 CRY – Space Station (Geostationary) | | | | | | |
| • • | Type Request Change Station Location Extend Expiration Date Other | | | | | |
| • | ary Orbit Loca 0.85 WL | tion | | 7. Requested Extended I | Expiration Date | |

| 8. Description (If the complete descri | ription does not appear in this box | x, please go to the end of t | he form to view it in its entirety.) | | | | |
|--|--|--|--|--|--|--|--|
| _ | days commencing May 3, | | f special temporary authority its T15 satellite (Call Sign | | | | |
| 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 | | | | | |
| Steve Dulac | | Director, Content Technology & Regulatory Policy | | | | | |
| 12. Please supply any need attachment | S. | • | | | | | |
| Attachment 1: Narrative Attachment 2: | | | Attachment 3: | | | | |
| | <u> </u> | | | | | | |
| | MENTS MADE ON THIS FORM 18, Section 1001), AND/OR REV | | / FINE AND / OR IMPRISONMENT ATION AUTHORIZATION | | | | |
| · · · · · · · · · · · · · · · · · · · | e 47, Section 312(a)(1)), AND/OI | | | | | | |

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