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File Number: SAT-STA-20190925-00101

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:

60-Day STA Extension for EchoStar 9 Service to the Bahamas

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:	100 Inverness Terrace East	E-Mail:	jennifer.manner@echostar.com
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
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 SATSTA2019090600088 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		7. Requested Extended Expiration Date 2019-12-05 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 60-day extension of special temporary authorization to operate EchoStar IX (Call Sign S2179) for service to the Bahamas following Hurricane Dorian.

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: Narrative

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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