Date & Time Filed: Nov 25 2019 4:32:09:683PM File Number: SAT-STA-20191125-00138

Callsign:

FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

S2811 – Nov19 STA Renewal

1. Applicant

Name: EchoStar BSS Corporation Phone Number: 202–463–3709

DBA Name: Fax Number:

Street: 1110 Vermont Ave NW E–Mail: Alison.Minea@dish.com

Suite 750

City: Washington State: DC

Country: USA Zipcode: 20005 -

Attention: Alison Minea

2. Contac	et						
	Name: EchoStar BSS Corporation Company:		Phone Number: Fax Number:		202-463-3709		
	Street:	1110 Vermont Ave NW	E-Mail:		Alison.Minea@dish.com		
		Suite 750					
	City:	Washington	State:		DC		
	Country:	USA	Zipcode:		20005 –		
	Attention:		Relations	Relationship:			
		~ ~	th the Commiss	sion, enter eithe	r the file number or the IB Submission ID of the related		
* *	on. Please ente erence File Nu	r only one.) mber SATSTA2019062700053 or	Submission II)			
4a. Is a	fee submitted	l with this application?					
""		d attach FCC Form 159. If No, in		for fee exempti	on (see 47 C.F.R.Section 1.1114).		
		ty Noncommercial education	nal licensee				
O Other	r(please explai	(n):					
4b. Fee C	Classification	CRY - Space Station (Geostation	ary)				
5. Type R	Request						
		_		_			
Char	nge Station Lo	cation	end Expiration	Date	O Other		
6. Tempo	rary Orbit Loc	eation		7. Requested Extended Expiration Date 2020–06–29 00:00:00.0			
2020-00-29 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.)												
				o operate EchoSt			n DBS channels	1 and				
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							
Alison Minea				Director & Senior Counsel, Regulatory Affairs								
12. Ple	ase supply	any need attac	hments.									
Attachment 1: Exhibit 1 Attachment			Attachment 2:	ent 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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