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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: STA for Corrected Telecommand Channel (April 2021)

1. Applicant

Name: R2 Space, Inc. **Phone Number:** 207–841–2170

DBA Name: Fax Number:

Street: 535 West William E–Mail: ryan@r2space.com

Suite 401

City: Ann Arbor State: MI

Country: USA Zipcode: 48103 -

Attention: David S. Keir

2. Contact									
	Name:	David S. Keir	Phone Nu	ımber:	202-416-6742				
	Company:	Lerman Senter PLLC	Fax Num	ber:					
	Street:	2001 L Street, N.W.	E-Mail:		dkeir@lermansenter.com				
		Suite 400							
	City:	Washington	State:		DC				
	Country:	USA	Zipcode:		20036 –				
	Attention:		Relations	hip:	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 IB2021001569									
		with this application?	indicata rasson t	for foo avamption (see 17	CED Section 1 1114)				
		attach FCC Form 159. If No. Noncommercial educati		for fee exemption (see 47	C.F.K.Section 1.1114).				
	please explain		onar neensee						
4b. Fee Cl	assification C	CXW – Space Station (Non–Ge	eostationary)						
5. Type Re	equest								
Change Station Location Extend Expiration Date Other									
6. Tempora	ary Orbit Loca	tion		7. Requested Extended I	Expiration Date				

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.)									
Request for authority to omega MHz (center frequency at 2 application.									
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 Ryan Farris		11. Title of Person Signing CFO							
12. Please supply any need attachments.									
Attachment 1: Explanatory Stmt	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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