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File Number: SAT-STA-20210708-00087

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:

S2844 – July21 STA Renewal

1. Applicant

<b>Name:</b>	EchoStar BSS Corporation	<b>Phone Number:</b>	202-463-3709
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1110 Vermont Ave NW Suite 750	<b>E-Mail:</b>	Alison.Minea@dish.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20005 -
<b>Attention:</b>	Alison Minea		

2. Contact	
<b>Name:</b> EchoStar BSS Corporation	<b>Phone Number:</b> 202-463-3709
<b>Company:</b>	<b>Fax Number:</b>
<b>Street:</b> 1110 Vermont Ave NW Suite 750	<b>E-Mail:</b> Alison.Minea@dish.com
<b>City:</b> Washington	<b>State:</b> DC
<b>Country:</b> USA	<b>Zipcode:</b> 20005 -
<b>Attention:</b>	<b>Relationship:</b>
(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 SATSTA2020121000141 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 2022-02-07 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 renewal of special temporary authority to operate EchoStar 16 on channels 1 and 2 at the 61.5 W.L. orbital location. See attached Exhibit 1.

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  
Alison Minea

11. Title of Person Signing  
Director & Senior Counsel, Regulatory Affairs

12. Please supply any need attachments.

Attachment 1: Exhibit 1

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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