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File Number: SAT-STA-20211217-00197

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:

Extension of FX2- LTE1 STA

1. Applicant

|                   |                                   |                      |                        |
|-------------------|-----------------------------------|----------------------|------------------------|
| <b>Name:</b>      | Spaceflight, Inc.                 | <b>Phone Number:</b> | 866-342-9934           |
| <b>DBA Name:</b>  |                                   | <b>Fax Number:</b>   |                        |
| <b>Street:</b>    | 1505 Westlake Ave. North, Ste 600 | <b>E-Mail:</b>       | sfield@spaceflight.com |
| <b>City:</b>      | Seattle                           | <b>State:</b>        | WA                     |
| <b>Country:</b>   | USA                               | <b>Zipcode:</b>      | 98109 -                |
| <b>Attention:</b> | Ms Sasha Field                    |                      |                        |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Contact                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |
| <b>Name:</b> Jonathan L. Wiener<br><b>Company:</b> Goldberg Godles Wiener & Wright, LLP<br><b>Street:</b> 1025 Connecticut Ave., NW<br>Ste 1000<br><b>City:</b> Washington<br><b>Country:</b> USA<br><b>Attention:</b>                                                                                                                                      | <b>Phone Number:</b> 202-429-4900<br><b>Fax Number:</b><br><b>E-Mail:</b> jwiener@g2w2.com<br><b>State:</b> DC<br><b>Zipcode:</b> 20036 –<br><b>Relationship:</b> 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.)<br>3. Reference File Number SATSTA2021020500017 or Submission ID                                                                                                      |                                                                                                                                                                                 |
| 4a. Is a fee submitted with this application?<br><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).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                                                                                                                                                                 |
| 4b. Fee Classification                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                 |
| 5. Type Request<br><br><input type="radio"/> Change Station Location <input checked="" type="radio"/> Extend Expiration Date <input type="radio"/> Other                                                                                                                                                                                                    |                                                                                                                                                                                 |
| 6. Temporary Orbit Location<br>NGSO                                                                                                                                                                                                                                                                                                                         | 7. Requested Extended Expiration Date<br>2022-02-24 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.)

Spaceflight Inc., seeks an additional sixty 60 days extension of STA to permit it to operate the Sherpa&#8722;LTE1.

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  
Sasha Field

11. Title of Person Signing  
General Counsel

12. Please supply any need attachments.

Attachment 1: Attachment 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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