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File Number: SAT-STA-20230313-00056

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:

S2811 – Mar23 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<br>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>                                                                                                                                                                                                                                                                                                                                                | Christopher Bjornson       | <b>Phone Number:</b>                                           | 202-429-3059          |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                             | Steptoe & Johnson LLP      | <b>Fax Number:</b>                                             |                       |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                              | 1330 Connecticut Avenue NW | <b>E-Mail:</b>                                                 | cbjornson@steptoe.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                | Washington                 | <b>State:</b>                                                  | DC                    |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                             | USA                        | <b>Zipcode:</b>                                                | 20036 –               |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                                                                           |                            | <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 SATSTA2022071900071 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                                                                                                                                                                                                                                                                                                                                             |                            |                                                                |                       |
| <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<br>2023-09-18 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 180-day STA renewal to operate EchoStar 15 Call Sign S2811 on DBS channels 1 and 2 at its existing 61.65' WL orbital location. See 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  
Vice President & Associate General Counsel

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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