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File Number: SAT-STA-20230412-00082
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:
STA to Update Arcturus TT&C Frequencies

1. Applicant

Name:	Astranis Projects USA LLC	Phone Number:	415-854-0586
DBA Name:		Fax Number:	
Street:	575 20th Street	E-Mail:	christian@astranis.com
City:	San Francisco	State:	CA
Country:	USA	Zipcode:	94107 -
Attention:	Mr. Christian D. Keil		

2. Contact	
Name: Carlos M. Nalda Company: LMI Advisors, LLC Street: 2550 M Street NW City: Washington Country: USA Attention: Mr. Carlos M. Nalda	Phone Number: 571-332-5626 Fax Number: E-Mail: cnalda@lmiadvisors.com State: DC Zipcode: 20037 - Relationship:
(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 IB2023001702	
4a. Is a fee submitted with this application? ☒ If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). ☐ Governmental Entity ☐ Noncommercial educational licensee ☐ Other (please explain):	
4b. Fee Classification	
5. Type Request ☐ Change Station Location ☐ Extend Expiration Date ☒ Other	
6. Temporary Orbit Location	7. Requested Extended 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.)

STA to Update TT&C Frequencies for Arcturus

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
John Gedmark

11. Title of Person Signing
Director

12. Please supply any need attachments.

Attachment 1: Narrative

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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