Approved by OMB 3060–0678

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FCC APPLICATION FOR SPACE AND EARTH STATION:MOD OR AMD – MAIN FORM	FCC Use Only
FCC 312 MAIN FORM FOR OFFICIAL USE ONLY	

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: Modification of Application SES-LIC-20051229-01808

1–8. Legal Name of Applicant **Phone Number:** 907-868-5615 GCI Communication Corp. Name: DBA **Fax Number:** 907-868-5676 Name: Street: 2550 Denali Street, Suite 100 E-Mail: jrobertson@gci.com City: Anchorage State: AK USA Zipcode: -2737 **Country:** 99503 Attention: Mrs Jennifer K G Robertson

9–16. Name of Contact	Representative		
Name:	Tina M. Pidgeon	Phone Number:	(202) 842–8812
Company:	Drinker Biddle & Reath Ll	LP Fax Number:	(202) 842-8465
Street:	1500 K Street, NW	E-Mail:	
	Suite 11		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20005-
Attention:	Tina M. Pidgeon	Relationship:	
CLASSIFICATION C	OF FILING		
17. Choose the button classification that appli		b1. Application for License of New S	Station

classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.	 (N/A) b1. Application for License of New Station (N/A) b2. Application for Registration of New Domestic Receive–Only Station (N/A) b3. Amendment to a Pending Application
 a1. Earth Station a2. Space Station 	 (N/A) b4. Modification of License or Registration b5. Assignment of License or Registration b6. Transfer of Control of License or Registration (N/A) b7. Notification of Minor Modification (N/A) b8. Application for License of New Receive–Only Station Using Non–U.S. Licensed Satellite (N/A) b9. Letter of Intent to Use Non–U.S. Licensed Satellite to Provide Service in the United States (N/A) b10. Other (Please specify)

17c. 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).					
O Governmental Entity O Noncomme	Governmental Entity O Noncommercial educational licensee				
• Other(please explain):					
17d.					
Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
18. If this filing is in reference to an existing station, enter:	19. If this filing is an amendment to a pending a modification please enter only the file number:	pplication enter both fields, if this filing is a			
(a) Call sign of station:	(a) Date pending application was filed:	(b) File number:			
	12/29/2005	SESLIC2005122901808			

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provid	e or use the following type(s) of service(s): Select all that apply:
a. Fixed Satellite	
b. Mobile Satellite	
c. Radiodetermination Satellite	
d. Earth Exploration Satellite	
e. Direct to Home Fixed Satellite	
f. Digital Audio Radio Service	
g. Other (please specify)	
21. STATUS: Choose the button next to the applicable status. Choose	22. If earth station applicant, check all that apply.
only one.	Using U.S. licensed satellites
○ Common Carrier	Using Non–U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER a facilities:	service, see instructions regarding Sec. 214 filings. Choose one. Are these
• Connected to a Public Switched Network • Not connected to a	Public Switched Network O N/A
24. FREQUENCY BAND(S): Place an 'X' in the box(es) next to all a	pplicable frequency band(s).
■ a. C–Band (4/6 GHz) b. Ku–Band (12/14 GHz)	
c.Other (Please specify upper and lower frequencies in MHz.)	
Frequency Lower: Frequency Upper: (Please specify addition	anal frequencies in an attachment)

TYPE OF STATION

25. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.
a. Fixed Earth Station
• b. Temporary–Fixed Earth Station
o c. 12/14 GHz VSAT Network
O d. Mobile Earth Station
• e. Geostationary Space Station
• f. Non–Geostationary Space Station
• g. Other (please specify)
26. TYPE OF EARTH STATION FACILITY:
Transmit/Receive Transmit–Only Receive–Only N/A
"For Space Station applications, select N/A."

PURPOSE OF MODIFICATION



ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.

EXHIBIT_B_Radiation_

🔿 Yes 🍙 No

ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronautical en route or aeronautical fixed radio station services are not required to respond to Items 30–34.

29. Is the applicant a foreign government or the representative of any foreign government?	0	Yes	۲	No		
30. Is the applicant an alien or the representative of an alien?	0	Yes	۲	No	0	N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	0	Yes	۲	No	0	N/A

32. Is the applicant a corporation of which more than one–fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	0	Yes	۲	No	0	N/A
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one–fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	0	Yes	۲	No	0	N/A
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.						

BASIC QUALIFICATIONS

35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	O Yes ● No
	Antenna Pattern 10f3

36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	Yes Antenna Pattern	No No
	7 thenna 1 attern	1 2013
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	No No
	Antenna Pattern	n 3of3
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances	O Yes	
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	O Yes	No
	EXHIBIT_D_F	Extended_C

40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		
41. 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	O No
42a. Does the applicant intend to use a non–U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.	● Yes	O No
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, v coordinated or is in the process of coordinating the space station?	vhat administr	ration has

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Point to Point Data Network.

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Choose the button next to applicable response.)

Individual

O Unincorporated Association

- Partnership
- Corporation
- Governmental Entity
- Other (please specify)

45. Name of Person Signing Jennifer Robertson	46. Title of Person Signing Tariffs and Licenses Manager
>	
(U.S. Code, Title 18, Section 100	ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT D1), AND/OR REVOCATION OF ANY STATION AUTHORIZATION a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

Location of Earth St	tation Site					
E1: Site Identifier:	Cordova	E5. Call Sign:				
E2: Contact Name	GCI Network Operations Center	E6. Phone Number:	(907) 265–5561			
E3. Street:		E7. City:	Cordova			
		E8. County:				
E4. State	AK	E9. Zip Code	99724			
E10. Area of Opera	tion:	Cordova				
E11. Latitude:	60 °29 '35.4 "N					
E12. Longitude:	145 °28 '0.7 "W					
E13. Lat/Lon Coordinates are:		ONAD−27	● NAD-83	O N/A		
E14. Site Elevation (AMSL):		3.96 meters				

E15. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurement? If NO, provide as a technical analysis showing compliance with two–degree spacing policy.	● Yes ○ No	O ^{N/A}
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E16. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non–geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements?	O Yes	O [№]	N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	• Yes	0	No

E18. Is frequency coordination required? If YES, attach a frequency coordination report as EXHIBIT_A_Frequency_	۲	Yes	0	No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	0	Yes	۲	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and/or the FAA's study regarding the potential hazard of the structure to aviation?EXHIBIT_C_FAA_Exempt FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	0	Yes	۲	No

POINTS OF COMMUNICATION

Satellite Name: OTHER OTHER If you selected OTHER, please enter the following:							
E21. Common Name: ALSAT	E22. ITU Name:						
E23. Orbit Location:	E24. Country:						
POINTS OF COMMUNICATION (Destination Points)							
E25. Site Identifier: Cordova							

E26. Common Name: ALSAT	E27. Country:

ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer	E31. Model	E32. Antenna Size <meters></meters>	E41/42. Antenna Gain Transmint and/or Recieve (dBi at GHz)
Cordova	3.6	1	Scientific– Atlanta	8136	3.6	0.0 dBi at

E28. Antenna Id	Diameter			Height Above	Input Power at	E39. Maximum Antenna Height Above Rooftop (meters)	EIRP for al
3.6	0.0/0.0	4.0	7.96	0.0	200.0	0.0	68.61

FREQUENCY

E28. Antenna I	d E43/44. Frequency Bands (MHz)	E45. T/R Mode			E48. Maximum EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
3.6	3700.00 4200.00	R	Horizontal and Vertical	36M0D7W	0.0	0.0

E50. Modulati	on and Services	(If the complete de	escription does not appear	in this box, please	go to the end of t	the form to view it in its
entirety.)						
QAM modu	lation for te	lephony, fac	simile and data			
3.6	3700.00 4200.00	R	Horizontal and Vertical	36M0G7W	0.0	0.0
E50. Modulati entirety.)	on and Services	(If the complete de	escription does not appear	in this box, please	go to the end of t	the form to view it in its
PSK modu	lation for te	lephony, fac	simile and data			
3.6	3700.00 4200.00	R	Horizontal and Vertical	45K0G7W	0.0	0.0
E50. Modulati entirety.)	on and Services	(If the complete de	escription does not appear	in this box, please	go to the end of t	the form to view it in its
PSK modu	lation for te	lephony, fac	simile and data			
3.6	3700.00 4200.00	R	Horizontal and Vertical	60K0D7W	0.0	0.0

	ation and Services (If the complete de	escription does not appear	in this box, please	go to the end of th	ne form to view it in its
entirety.)						
QAM mod	ulation for te	lephony, fac	simile and data			
3.6	5925.00 6425.00	Т	Horizontal and Vertical	36M0D7W	67.11	27.56
E50. Modula entirety.)	ation and Services (If the complete de	escription does not appear	in this box, please	go to the end of th	he form to view it in its
QAM mod	ulation for te	lephony, fac	simile and data			
3.6	5925.00 6425.00	Т	Horizontal and Vertical	36M0G7W	67.11	27.56
E50. Modula entirety.)	ation and Services ((If the complete de	escription does not appear	in this box, please	go to the end of th	ne form to view it in its
PSK mod	ulation for te	lephony, fac	simile and data			
3.6	5925.00 6425.00	Т	Horizontal and Vertical	45K0G7W	51.92	41.41

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

PSK modulation for telephony, facsimile and data

3	3.6	5925.00	Т	Horizontal and	60K0D7W	53.44	41.68
		6425.00		Vertical			

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

QAM modulation for telephony, facsimile and data

FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	Frequency Limits(MHz)	E54/55. Range of Satellite Arc Eastern/West ern Limit	Station Azimuth Angle	E57. Antenna Elevation Angle Eastern Limit	Station Azimuth Angle	E59. Antenna Elevation Angle Western Limit	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
3.6	Geostationary	3700.00 4200.00	85.0/143.0	116.2	5.4	177.2	21.4	0.0
	Geostationary	5925.00 6425.00	85.0/143.0	116.2	5.4	177.2	21.4	8.0

REMOTE CONTROL POINT LOCATION

E61. Call Sign NOTE: Please enter the callsign of the contro callsign for which this application is being filed.		E66. Phone Number (907) 265–5561			
E62. Street Address 2550 Denali Street Suite 1000					
E63. City Anchorage	E68. County		E67/68. State/Country AK/ USA	E64. Zip Code 99503	

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