Approved by OMB 3060–0678

Date & Time Filed: Sep 2 2003 2:43:48:263PM File Number: SES–MOD–INTR2003–01728

FCC AF	PPLICATION	FOR SPACE AND EARTH STATI	ON:MOD OR AMD – MAIN FORM	I FCC Use Only				
	FCC 312 MAIN FORM FOR OFFICIAL USE ONLY							
APPLICA	APPLICANT INFORMATION							
	scription of ( AK (E2282)	this application to identify it on th	e main menu:					
· · · · · ·	Name of App							
	Name:	Alascom Inc./United Utilities, Inc.	Phone Number:	404-810-4020				
	DBA Name:		Fax Number:	404-810-7349				
	Street:	1200 Peachtree Street, LL007	E-Mail:	jvaughan@att.com				
	City:	Atlanta	State:	GA				
	Country:	USA	Zipcode:	30309 –				
	Attention:	Jane Vaughan						

9–16. Nan	9–16. Name of Contact Representative (If other than applicant)							
	Name:	JANE M. VAUGHAN	Phone Number:	404-810-4020				
	Company:	AT&T CORP	Fax Number:	404-810-7349				
	Street:	1200 PEACHTREE STREET	E-Mail:	jvaughan@att.com				
		LL007						
	City:	ATLANTA	State:	GA				
	<b>Country:</b>	USA	Zipcode:	30309-				
	Contact Title:	TECHNICAL STAFF MEMBER	Relationship:	Same				

# CLASSIFICATION OF FILING

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

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 Noncommercial educational licensee								
• Other(please explain):								
17d.								
Fee Classification A CGX – Fixed Satellite Station	Transmit/Receive Earth							
18. If this filing is in reference to an existing station, enter:	19. If this filing is an amendment to a pending modification please enter only the file number:	••						
(a) Call sign of station:	(a) Date pending application was filed:	(b) File number:						
E2282		SESMOD1999062800960						
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						

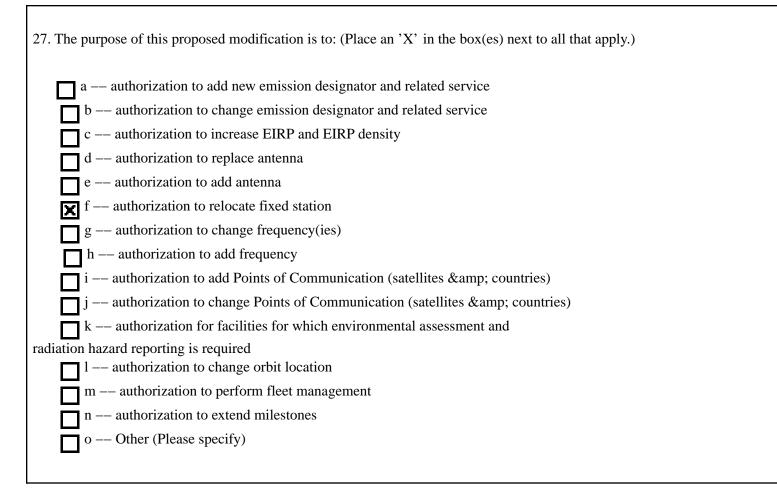
## TYPE OF SERVICE

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     Non–Common Carrier	Using Non–U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER 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 💿 N/A
24. FREQUENCY BAND(S): Place an 'X' in the box(es) next to all a	upplicable 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	onal 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	O Yes
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.	RADHAZ

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	0	N/A
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	0	Yes	0	No	٥N	√/A
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?						

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	ASR NUMBER
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	
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.	O Yes	No No

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
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	● No
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.	• Yes	O No
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.

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.



O No

Yes

42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?

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.)

THIS MODIFICATION RELOCATES ANTENNA

#### 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.)
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0	Individual
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O Unincorporated Association

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

	45. Name of Person Signing ROBERT JACKSON		46. Title of Person Signing DISTRICT MANAGER		
47.	Please supply any need attachments.				
A	Attachment 1:	Attachment 2:		Attachment 3:	
L					

#### 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).

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

Location of Earth Station Site				
E1: Site Identifier: BEAVER, AK	E5. Call Sign:	E2282		
E2: Contact Name JON DURICINSK	E6. Phone Number:	907-273-5280		
E3. Street:	E7. City:	BEAVER		
	E8. County:			
E4. State AK	E9. Zip Code			
E10. Area of Operation:	ALLSAT			
E11. Latitude: 66 °21 '37.0 "N				
E12. Longitude: 147 °24 '3.2 "W				
E13. Lat/Lon Coordinates are:	O NAD−27	● NAD-83	O <sup>N/A</sup>	
E14. Site Elevation (AMSL):	108.9 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	<b>O</b> <sup>No</sup>	O <sup>N/A</sup>

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 <sup>No</sup>	● 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 FREQANALYS	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?FAA STUDY FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	۲	Yes	0	No

#### POINTS OF COMMUNICATION

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

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)
BEAVER, AK	1	1	ANDREW CORPORATION	ESA45-39329	4.5	43 dBi at 4
						46 dBi at 6

Id	Diameter		· · · ·	Height Above	Input Power at	E39. Maximum Antenna Height Above Rooftop (meters)	EIRP for al
1	/	7.0	115.9	0.0	20.0	0.0	59.8

# FREQUENCY

E28. A	E43/44. Frequency (MHz)		E45. T/R Mode			E48. Maximum EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
1	3700	4200	R	Horizontal and Vertical	86K4G1D	0.0	0.0

E50. Modulation entirety.)	n and Services (	(If the complete des	cription does not appear	in this box, please	go to the end of t	he form to view it in its		
NULL								
1	3700 420	00 R	Horizontal and Vertical	13K3G1E-	0.0	0.0		
E50. Modulation entirety.)	n and Services (	(If the complete des	cription does not appear	in this box, please	go to the end of t	he form to view it in its		
NULL								
1	5925.0 6425.0	Т	Horizontal and Vertical	86K4G1D	44.1	57.4		
E50. Modulation entirety.)	n and Services (	(If the complete des	cription does not appear	in this box, please	go to the end of t	he form to view it in its		
QPSK, SCPC, DCU, VOICE/DATA, FEC1/2								
1	5925.0 6425.0	Т	Horizontal and Vertical	13K3G1E-	44.1	49.3		

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.)

QPSK, SCPC, DCU, VOICE/DATA, FEC 3/4

#### FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	Frequency	E54/55. Range of Satellite Arc Eastern/West ern Limit	Station Azimuth Angle	E57. Antenna Elevation Angle Eastern Limit	E58. Earth Station Azimuth Angle Western Limit	E59. Antenna Elevation Angle Western Limit	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
1		5925.0 6425.0	94.0/150.0	124.2	5.2	182.8	15.2	0.0

#### REMOTE CONTROL POINT LOCATION

E61. Call Sign E930078 NOTE: Please enter the callsign of the contro callsign for which this application is being filed.		E66. Phone Number 1–800–252–7521		
E62. Street Address 210 EAST BLUFF DDRIVE				
E63. City ANCHORAGE	E68. County ANCHORAGE		E67/68. State/Country AK/ USA	E64. Zip Code 99501

#### FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to jboley@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

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