Approved by OMB
3060−0678

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File Number: SES−MOD−INTR2013−02436

| FCC APPLICATION FOR SPACE AND EARTH STATION:MOD OR AMD − MAIN FORM<br><br>FCC 312 MAIN FORM FOR OFFICIAL USE ONLY | FCC Use Only |
|---|---|

APPLICANT INFORMATION
Enter a description of this application to identify it on the main menu:
KFYR E6313

1−8. Legal Name of Applicant

| | | | |
|---|---|---|---|
| **Name:** | United Service Source Inc | **Phone Number:** | 321−723−5395 x135 |
| **DBA Name:** | | **Fax Number:** | 321−727−3107 |
| **Street:** | 9145 Ellis Road | **E−Mail:** | michele.tully@ussi.org |
| **City:** | West Melbourne | **State:** | FL |
| **Country:** | USA | **Zipcode:** | 32904 − |
| **Attention:** | Michele Tully | | |

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.

○ Yes ◉ No

38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attemptiing 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

○ 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 ◉ 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.

(●) Yes ( ) 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 (●) No

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.)

Outdated designators

43a. Geographic Service Rule Certification

By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25.

(●) A

By selecting B, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will comply with such requirements.

( ) B

By selecting C, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will not comply with such requirements because it is not feasible as a technical matter to do so, or that, while technically feasible, such services would require so many compromises in satellite design and operation as to make it economically unreasonable. A narrative description and technical analysis demonstrating this claim are attached.

( ) C

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
- ○ Unincorporated Association
- ○ Partnership
- ◉ Corporation
- ○ Governmental Entity
- ○ Other (please specify)

| 45. Name of Person Signing | 46. Title of Person Signing |
|---|---|
| Michele Tully | VP Administration |

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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: | KFYR E6313 | E5. Call Sign: | E6313 |
| E2: Contact Name | Michele Tully | E6. Phone Number: | 321−723−5395 |
| E3. Street: | 200 N. 4th Street | E7. City: | Bismarck |
| | | E8. County: | Burleigh |
| E4. State | ND | E9. Zip Code | 58501 |
| E10. Area of Operation: | | CONUS | |
| E11. Latitude: | 0 °0 ’0.0 " | | |
| E12. Longitude: | 0 °0 ’0.0 " | | |
| E13. Lat/Lon Coordinates are: | | ○ NAD−27 | ○ NAD−83 ◉ N/A |
| E14. Site Elevation (AMSL): | | 0.0 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 ○ N/A |

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?

○ Yes ○ No ◉ N/A

E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.

◉ Yes ○ No

E18. Is frequency coordination required? If YES, attach a frequency coordination report as

○ Yes ◉ No

E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as

○ Yes ◉ 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?

FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.

○ Yes ◉ No

POINTS OF COMMUNICATION

| Satellite Name: 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: | |
|---|---|

E26. Common Name: E27. Country:

ANTENNA

| Site ID | E28. Antenna Id | E29. Quantity | E30. Manufacturer | E31. Model | E32. Antenna Size<meters> | E41/42. Antenna Gain Transmint and/or Recieve (____dBi at _____GHz) | |
|---|---|---|---|---|---|---|---|
| KFYR E6313 | 1 | 1 | Harris | 5346 | 6.1 | 0.0 dBi at | |

| E28. Antenna Id | E33/34. Diameter Minor/Major (meters) | E35. Above Ground Level (meters) | E36. Above Sea Level(meters) | E37. Building Height Above Ground Level (meters) | E38. Total Input Power at antenna flange (Watts) | E39. Maximum Antenna Height Above Rooftop (meters) | E40. Total EIRP for al carriers(dBW) |
|---|---|---|---|---|---|---|---|
| 1 | 0.0/0.0 | 19.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

FREQUENCY

| E28. Antenna Id | E43/44. Frequency Bands (MHz) | E45. T/R<br>Mode | E46. Antenna Polarization(H,V, L,R) | E47. Emission Designator | E48. Maximum EIRP per Carrier (dBW) | E49. Maximum ERIP Density per Carrier (dBW/4kHz) |
|---|---|---|---|---|---|---|
| 1 | 11700<br>12200 | R | Horizontal | 36M0G7W | 0.0 | 0.0 |

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.)

NULL

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 14000<br>14500 | T | Vertical | 36M0G7W | 0.0 | 0.0 |

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.)

NULL

FREQUENCY COORDINATION

| **E28. Antenna Id** | **E51. Satellite Orbit Type** | **E52/53. Frequency Limits(MHz)** | **E54/55. Range of Satellite Arc Eastern/Western Limit** | **E56. Earth Station Azimuth Angle Eastern Limit** | **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)** |
|---|---|---|---|---|---|---|---|---|
| | | | / | | | | | |

REMOTE CONTROL POINT LOCATION

| E61. Call Sign<br>E6156<br>NOTE: Please enter the callsign of the controlling station, not the callsign for which this application is being filed. | | E66. Phone Number<br>212−664−6175 | |
|---|---|---|---|
| E62. Street Address<br>30 Rockefeller Plaza | | | |
| E63. City<br>NY | E68. County<br>Manhattan | E67/68. State/Country<br>NY/ USA | E64. Zip Code<br>10112 |

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