

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA Extension Request for E920441 (Jan. 2004)

**1. Applicant**

<b>Name:</b>	KHQ, Incorporated	<b>Phone Number:</b>	509-448-4634
<b>DBA Name:</b>		<b>Fax Number:</b>	509-448-4694
<b>Street:</b>	1201 W Sprague Avenue	<b>E-Mail:</b>	paul.caryl@khq.com
<b>City:</b>	Spokane	<b>State:</b>	WA
<b>Country:</b>	USA	<b>Zipcode:</b>	99210 -0060
<b>Attention:</b>	Paul Caryl		

**2. Contact**

<b>Name:</b>	David H. Pawlik	<b>Phone Number:</b>	202-371-7044
<b>Company:</b>	Skadden, Arps, Slate, Meagher & Flom LLP	<b>Fax Number:</b>	202-661-9022
<b>Street:</b>	1440 New York Avenue, N.W.	<b>E-Mail:</b>	dpawlik@skadden.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20005 -
<b>Contact Title:</b>		<b>Relationship:</b>	Legal Counsel

3. Reference File Number SESSTA2003092301316

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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date

7. City

8. Latitude  
(dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Exhibit 1                              Attachment 2: Exhibit 2                              Attachment 3:	
12. 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Request for Extension of Special Authority to operate temporary fixed earth station for satellite news gathering while application for permanent license is pending (FCC File No. IB2003002590). Previous authorization expired.</div>	
13. 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 &quot;party to the application&quot; for these purposes. <input checked="checked" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Lon C. Lee	15. Title of Person Signing President
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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