APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA – Life Church 3.7m Ku

| Name: | Life Church | Phone Number: | 405-216-7033 |
|-----------------|----------------------|---------------|--------------|
| DBA Name: | | Fax Number: | 405-844-3002 |
| Street: | 4600 East 2nd Street | E-Mail: | |
| City: | Edmond | State: | ОК |
| Country: | USA | Zipcode: | 73013 – |
| Attention: | Bobby Gruenewald | | |

| 2. Contact | | | | | | |
|--|-----------------------------|-----------------------|---|--|--|--|
| Name: | Bill Swart | Phone Numbe | pr: 703–917–9882 | | | |
| Company: | Skjei Telecom, Inc. | Fax Number: | 703–917–0098 | | | |
| Street: | 7777 Leesburg Pike | E-Mail: | bill.swart@skjeitelecom.com | | | |
| | Suite 315N | | | | | |
| City: | Falls Church | State: | VA | | | |
| Country: | USA | Zipcode: | 22043 -2403 | | | |
| Contact | Sr. Systems Engineer | Relationship: | Engineer | | | |
| Title: | | | | | | |
| | | | | | | |
| 3. Reference File Number SESLIC2004081301170 | | | | | | |
| 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). | | | | | | |
| | | | ee exemption (see 47 C.F.K.Section 1.1114). | | | |
| ¥ | y O Noncommercial education | | | | | |
| Other(please explain): Religious organization (church) | | | | | | |
| | | | | | | |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station | | | | | | |
| 5. Type Request | | | | | | |
| Use Prior to Grant O Change Station Location O Other | | | | | | |
| • Use Prior to Grant | O Cha | ange Station Location | n Other | | | |
| | | | | | | |
| 6. Requested Use Prior | Date | | | | | |
| 09/03/2004 | | | | | | |
| 7. CityEdmond | | | atitude mm ss.s h) 35 39 14.3 N | | | |
| | | | mm ss.s h) 35 39 14.3 N | | | |

| 9. State OK | 10. Longitude (dd mm ss.s h) 97 32 51.9 W | | | | | |
|--|---|--|--|--|--|--|
| 11. Please supply any need attachments. | | | | | | |
| Attachment 1: Fee Exempt StmtAttachment 2: Rad. Hazard StudyAttachment 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.) | | | | | | |
| A STA is requested to allow performance testing and verification of proper earth station operation and to allow preliminary operation of the referenced earth station during such time that the permanent license application is being processed. Fee exempt statement and radiation hazard study are attached. | | | | | | |
| 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 "party to the application" for these purposes. | | | | | | |
| 14. Name of Person Signing Bobby Gruenewald | 15. Title of Person Signing Vice 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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