## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for E020308

1. Applicant

Name: Wyoming Channel 2, Inc. Phone Number: 501–219–2400 x240

**DBA Name: Fax Number:** 501–221–1101

Street: #1 Shackleford Drive E–Mail: lwithrow@ebcorp.net

Suite 400

City: Little Rock State: AR

Country: USA Zipcode: 72211 -

**Attention:** Mrs Lori E Withrow

2. Contact					
	Name:	Jason Roberts	Phone Number:	5012192400	
	Company:	Wyoming Channel 2, Inc.	Fax Number:	501-221-1101	
	Street:	#1 Shackleford Drive	E–Mail:	jroberts@ebcorp.net	
		Suite 400			
	City:	Little Rock	State:	AR	
	Country:	USA	Zipcode:	72211 –	
	Contact Title:	Corporate Counsel	Relationship:	Legal Counsel	
3. Reference	e File Numb	er SESMOD2004113001756			
		l with this application?			
				on (see 47 C.F.R.Section 1.1114).	
		y Noncommercial education	onal licensee		
Other(p	please explain	n):			
4b. Fee Cla	ssification	CGX – Fixed Satellite Transmit/	Receive Earth Station		
5. Type Red	quest				_
Use Pr	rior to Grant	O Cha	ange Station Location	Other	
	ed Use Prior 15/2004	Date			
7. CityCasper			8. Latitude		
			(dd mm ss.s h)	42 51 20.0 N	

9. State WY 10. Longitude

(dd mm ss.s h) 106 21 15.0 W

11. Please supply any need attachments.

Attachment 1: Attachment 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.)

Wyoming Channel 2, Inc. intends to use the facilities specified in the above referenced application to provide digital and analog broadcast signals and associated data delivery systems. Wyoming Channel 2, Inc. has lost use of the current authorized site, necessitating the need for the above-referenced modification. Because of this site loss,

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.

• Yes • No

14. Name of Person Signing Lori M. Withrow

15. Title of Person Signing Corporate Secretary

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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## 12. Description

Wyoming Channel 2, Inc. intends to use the facilities specified in the above referenced application to provide digital and analog broadcast signals and associated data delivery systems. Wyoming Channel 2, Inc. has lost use of the current authorized site, necessitating the need for the above-referenced modification. Because of this site loss, and to avoid a loss of service, thereby harming the public interest, this request for an STA is respectfully requested.