

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
DVT Ent STA – Phases I & II – E980338 (DBS band)

**1. Applicant**

<b>Name:</b>	DIRECTV Enterprises, LLC	<b>Phone Number:</b>	301-663-0053
<b>DBA Name:</b>		<b>Fax Number:</b>	301-428-7012
<b>Street:</b>	2230 E. Imperial Hwy	<b>E-Mail:</b>	jwengryniuk@directv.com
<b>City:</b>	El Segundo	<b>State:</b>	CA
<b>Country:</b>	USA	<b>Zipcode:</b>	90245 –
<b>Attention:</b>	Jack Wengryniuk		

**2. Contact**

<b>Name:</b>	William M. Wiltshire	<b>Phone Number:</b>	202-730-1350
<b>Company:</b>	Harris, Wiltshire & Grannis LLP	<b>Fax Number:</b>	202-730-1301
<b>Street:</b>	1200 18th Street, N.W.	<b>E-Mail:</b>	wwiltshire@harriswiltshire.com
	12th Floor		
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -2506
<b>Attention:</b>		<b>Relationship:</b>	Legal Counsel

3. Reference File Number SESMOD2005041500460

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  
05/21/2005

7. City Los Angeles

8. Latitude  
(dd mm ss.s h) 33 59 0.0 N

9. State CA	10. Longitude (dd mm ss.s h) 118 25 27.0 W
11. Please supply any need attachments. Attachment 1: Request for STA                      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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">DIRECTV Enterprises, LLC requests a special temporary authority to communicate with the DBS payload on DIRECTV 8(D) to conduct TT&amp;C operations.</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 "party to the application"; for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing James Butterworth	15. Title of Person Signing Senior 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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