## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: DVT Ent STA – Phases I, II & III – E050112 (Ka–band)

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

| 2. Contact                                                                                                          |                                    |                      |                                |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|--------------------------------|--|--|--|
| Name:                                                                                                               | William M. Wiltshire               | Phone Number:        | 202-730-1350                   |  |  |  |
| Company                                                                                                             | y: Harris, Wiltshire & Grannis LLP | Fax Number:          | 202-730-1301                   |  |  |  |
| Street:                                                                                                             | 1200 18th Street, N.W.             | E-Mail:              | wwiltshire@harriswiltshire.com |  |  |  |
|                                                                                                                     | 12th Floor                         |                      |                                |  |  |  |
| City:                                                                                                               | Washington                         | State:               | DC                             |  |  |  |
| Country                                                                                                             | : USA                              | Zipcode:             | 20036 -2506                    |  |  |  |
| Attentior                                                                                                           | 1:                                 | <b>Relationship:</b> | Legal Counsel                  |  |  |  |
|                                                                                                                     |                                    |                      |                                |  |  |  |
| 3. Reference File Number SESLIC2005041800470                                                                        |                                    |                      |                                |  |  |  |
| 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 exp                                                                                                    | plain):                            |                      |                                |  |  |  |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station                                         |                                    |                      |                                |  |  |  |
| 5. Type Request                                                                                                     |                                    |                      |                                |  |  |  |
| • Use Prior to Grant • Change Station Location • Other                                                              |                                    |                      |                                |  |  |  |
| 6. Requested Use Pri<br>05/30/2005                                                                                  | or Date                            |                      |                                |  |  |  |
| 7. CityCastle Rock                                                                                                  |                                    | 8. Latitu<br>(dd mm  |                                |  |  |  |
|                                                                                                                     |                                    |                      |                                |  |  |  |

| 9. State CO                                                                                                                                                                                                                                                                       | 10. Longitude<br>(dd mm ss.s h) 104 48 27.5 W        |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|--|--|--|
| 11. Please supply any need attachments.                                                                                                                                                                                                                                           | •                                                    |  |  |  |  |  |
| Attachment 1: Request for STAAttachment 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.)                                                                                                                                          |                                                      |  |  |  |  |  |
| DIRECTV Enterprises, LLC requests a special temporary authority to communicate with the<br>Ka-band payload on DIRECTV 8(K) at 102.8 WL and 99.2 WL.                                                                                                                               |                                                      |  |  |  |  |  |
| 14. Name of Person Signing<br>James Butterworth                                                                                                                                                                                                                                   | 15. Title of Person Signing<br>Senior Vice President |  |  |  |  |  |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). |                                                      |  |  |  |  |  |

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