

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Request for E000680 and E4393 to Operate Prior to Grant of Transfer of Control

1. Applicant

Name:	Michiana Telecasting Corp.	Phone Number:	219-631-1616
DBA Name:		Fax Number:	219-631-1600
Street:	P.O. Box 1616, 54516 Business U. S. 31 North	E-Mail:	Gary.J.Sieber.1@nd.edu
City:	South Bend	State:	IN
Country:	USA	Zipcode:	46634 -
Attention:			

2. Contact

Name:	James R. Bayes, Esq.	Phone Number:	202-719-7000
Company:	Wiley Rein & Fielding LLP	Fax Number:	202-719-7049
Street:	1776 K Street, N.W.	E-Mail:	jbayes@wrf.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:		Relationship:	Legal Counsel

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number SEST/C2005120701713 or Submission ID

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
02/27/2006

7. City Washington

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

9. State DC	10. Longitude (dd mm ss.s h) 0 0 0.0
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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>This application seeks special temporary authority to allow Gray Television Group, Inc., the proposed transferee in SES-T/C-20051207-01713, to operate earth stations E000680 and E4393 until such time as the underlying transfer of control is granted by the Commission.</p> </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. <p style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>	
14. Name of Person Signing James P. Behling	15. Title of Person Signing President/General Manager
<p style="text-align: center;"> 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). </p>	

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