

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E870502 STA

1. Applicant

Name:	Bonneville Holding Company	Phone Number:	801-575-7500
DBA Name:		Fax Number:	801-575-7548
Street:	55 N 300 West 8th Floor	E-Mail:	
City:	Salt Lake City	State:	UT
Country:	USA	Zipcode:	84180 -
Attention:	David K. Redd		

2. Contact	
Name: Kenneth E. Satten, Esq. Company: Wilkinson Barker Knauer Street: 2300 N Street, N W Suite 700 City: Washington Country: USA Attention:	Phone Number: 2027834141 Fax Number: 2027835851 E-Mail: State: DC Zipcode: 20037 – 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 or Submission ID IB2006000770	
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain):	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 03/25/2006	
7. CitySalt Lake City	8. Latitude (dd mm ss.s h) 40 46 11.8 N

9. State UT	10. Longitude (dd mm ss.s h) 111 54 5.8 W
11. Please supply any need attachments. Attachment 1: STA Attachment 2: Mod App 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: 10px; margin: 10px 0;"> See request for STA at Exhibit 1 and corresponding application for permanent authority to modify station E870502 at Exhibit 2. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing David K. Redd	15. Title of Person Signing 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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