## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for Transmit/Receive Earth Station

1. Applicant								
	Name:	Twin Cities Public Television Inc	Phone Number:	651–222–1717 x1246				
]	DBA Name:		Fax Number:	651–229–1239				
	Street:	172 E 4th St	E-Mail:	sholisky@tpt.org				
	City:	Saint Paul	State:	MN				
	Country:	USA	Zipcode:	55101 –				
	Attention:	Scott E Holisky						

2. Contact							
Name:	Theodore D. Frank	Phone Number:	202-942-5790				
Company:	Arnold & Porter LLP	Fax Number:	202-942-5999				
Street:	555 12th Street, N.W.	E-Mail:	theodore.frank@aporter.com				
City:	Washington	State:	DC				
Country:	USA	Zipcode:	20005 –				
Attention:		<b>Relationship:</b>	Legal Counsel				
		the Commission, enter eith	er the file number or the IB Submission ID of the related				
application. Please enter only one.)							
3. Reference File Number 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 I	Date						
06/06/2006							
7. CitySt. Paul		8. Latitude					
		(dd mm ss.)	s h) 44 56 51.0 N				

9. State MN	10. Longitude (dd mm ss.s h) 93 5 14.0 W							
11. Please supply any need attachments.								
Attachment 1: ExplanationAttachment 2: Anti-Di	rug Cert. 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.)								
This STA is filed to permit Twin Cities Public Television to continue operation of the earth station. The applicant inadvertently allowed its license for Station E960083 (File No. 904-DSE-MP/L-97)to expire on April 5, 2006. It will file an application for a new license promptly. The applicant requests authority to operate for a period of 90 days.								
14. Name of Person Signing James Pagliarini	15. Title of Person Signing President & CEO							
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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