APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for Fixed Transmit–Receive Earth Station E950142

1. Applicant

Name: Belo Kentucky Inc. **Phone Number:** 502–582–7840

DBA Name: Fax Number:

Street: 520 W .Chestnut Street E-Mail:

City: Louisville State: KY

Country: USA Zipcode: 40202 -

Attention:

2. Contact				
Name:	John M. Burgett, Esq.	Phone Number:	202-719-4239	
Company:	Wiley Rein & Fielding LLP	Fax Number:	202-719-7049	
Street:	1776 K Street, N.W.	E–Mail:	jburgett@wrf.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20006 –	
Attention:		Relationship:	Legal Counsel	
application. Please enter 3. Reference File Num 4a. Is a fee submitter of If Yes, complete and Governmental Entiron Other(please explain)	er only one.) there or Submission ID IB2006003 d with this application? d attach FCC Form 159. If No, in ty Noncommercial education in):	3148 ndicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
	CGX – Fixed Satellite Transmit/R	Receive Earth Station		
5. Type Request O Use Prior to Grant O Change Station Location O Other				
6. Requested Use Prior 12/01/2006	Date			
7. CityLouisville		8. Latitude (dd mm ss.s h)	38 14 56.0 N	

9. State KY	10. Longitude			
9. State KT	(dd mm ss.s h) 85 45 38.0 W			
	(dd iiiii 35.5 ii) 65 +5 50.0 **			
11. Please supply any need attachments.				
Attachment 1: Exhibit 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.)				
Request for Special Temporary Authority to operate fixed transmit-receive earth station				
E950142 at parameters of pending modification application.				
application.				
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13. By checking Yes, the undersigned certifies that neither applicant nor				
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.				
14. Name of Person Signing	15. Title of Person Signing			
Guy H. Kerr	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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