APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for Receive–Only Earth Station E870516

1. Applicant						
	Name:	Scripps Howard Broadcasting Company	Phone Number:	513-977-3000		
	DBA Name:		Fax Number:	513-977-3728		
	Street:	312 Walnut Street	E–Mail:	mdoback@scripps.com		
	City:	Cincinnati	State:	ОН		
	Country:	USA	Zipcode:	45202 –		
	Attention:	Michael Doback				

2. Contact						
Name:	Kenneth C. Howard Jr.	Phone Number:	202-861-1580			
Company:	Baker & Hostetler LLP	Fax Number:	202-861-1783			
Street:	1050 Connecticut Ave., NW	E-Mail:	khoward@bakerlaw.com			
	Suite 1100					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20036 -5304			
Attention:		Relationship:	Legal Counsel			
 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 O Noncommercial educational licensee Other(please explain): 						
4b. Fee Classification	CGX – Fixed Satellite Transmit/R	Receive Earth Station				
5. Type Request • Use Prior to Grant • Change Station Location • Other						
6. Requested Use Prior	Date					
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0			

9. State	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.)					
STA is requested to operate facilities authorized for temporary fixed receive-only earth station E870516					
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.					
14. Name of Person Signing Michael Doback	15. Title of Person Signing Vice President/Engineering				
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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