APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA – MWUF KA1/2 – antenna testing

1. Applicant

Name: DIRECTV Enterprises, LLC **Phone Number:** 301–663–0053

DBA Name: Fax Number: 240–358–0569

Street: 2230 E. Imperial Hwy E–Mail: jwengryniuk@directv.com

City: El Segundo State: CA

Country: USA Zipcode: 90245 -

Attention: Jack Wengryniuk

2. Contact	t				
	Name:	William M. Wiltshire	Phone Number:	202-730-1350	
	Company:	Harris, Wiltshire & Grannis, LLP	Fax Number:	202-730-1301	
	Street:	1200 18th Street, NW	E–Mail:	wwiltshire@harriswiltshire.com	
	City:	Washington	State:	DC	
	Country:	USA	Zipcode:	20036 –	
	Attention:	William M. Wiltshire	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 IB2007000937					
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).					
O Governmental Entity O Noncommercial educational licensee					
Other(please explain):					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Re	quest				
O Use Prior to Grant O Change Station Location O Other					
6. Requested Use Prior Date					

7. CityOakdale	8. Latitude					
	(dd mm ss.s h) 44 59 35.2 N					
9. State MN	10. Longitude					
	(dd mm ss.s h) 92 58 43.5 W					
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.)						
DIRECTV Enterprises, LLC requests special temporary authority for up to 60 days to conduct						
antenna mapping testing with this earth station.						
	directing mapping cesting with this earth seation.					
13. By checking Yes, the undersigned certifies that neither applicant nor	* * * **					
subject to a denial of Federal benefits that includes FCC benefits pursua						
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					
James Butterworth	Senior Vice President					
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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