

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E050109 T/C STA

1. Applicant

Name:	Clear Channel Satellite Services	Phone Number:	303-925-1708
DBA Name:		Fax Number:	303-925-1714
Street:	76 Inverness Dr. East	E-Mail:	CCSS_Contracts@clearchannel.com
	Suite B		
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
Attention:	Mrs Liz Karr		

2. Contact

Name:	Dorann Bunkin	Phone Number:	202-719-7231
Company:	Wiley Rein LLP	Fax Number:	
Street:	1776 K Street, NW	E-Mail:	dbunkin@wileyrein.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	Dorann Bunkin	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 IB2008000619

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 Date

7. City San Antonio

8. Latitude

(dd mm ss.s h) 29 38 50.0 N

9. State TX	10. Longitude (dd mm ss.s h) 98 27 14.0 W
11. Please supply any need attachments. Attachment 1: STA Request 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">This STA requests that upon consummation of the Clear Channel/Bain/Lee merger, E050109, licensed to Clear Channel Satellite Services, may be operated by the merged entity until the pending transfer of control application is granted.</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Andrew W. Levin	15. Title of Person Signing Chief Legal Officer
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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