

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Special Temporary Authority to Operate E980005 to Test EchoStar 11 at 138.5W and to Relocate the Satellite to 110.0W Thereafter

1. Applicant

Name: EchoStar Satellite Operating L.L. C. **Phone Number:** 303-723-1000

DBA Name: **Fax Number:** 303-723-1699

Street: 9601 South Meridian Boulevard **E-Mail:**

City: Englewood **State:** CO

Country: USA **Zipcode:** 80112 -

Attention: Linda Kinney - (202)293-0981

2. Contact			
Name:	Pantelis Michalopoulos	Phone Number:	202-429-3000
Company:	Steptoe & Johnson LLP	Fax Number:	202-429-3902
Street:	1330 Connecticut Ave NW	E-Mail:	pmichalo@steptoe.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -1795
Attention:		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 SESMOD2003070800955 or Submission ID			
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other (please explain):			
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request <div style="display: flex; justify-content: space-around;"> <input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other </div>			
6. Requested Use Prior Date			
7. City Cheyenne		8. Latitude (dd mm ss.s h) 41 7 56.4 N	

9. State WY	10. Longitude (dd mm ss.s h) 104 44 10.4 W
11. Please supply any need attachments. Attachment 1: Narrative 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.) See attached narrative.	
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 Linda Kinney	15. Title of Person Signing Vice President, Law and Regulation
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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