APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Special Temporary Authority to Operate E980081 to De–Orbit EchoStar 5

1. Applicant

Name: EchoStar Corporation Phone Number: 303–723–1000

DBA Name: Fax Number:

Street: 100 Inverness Terrace East **E-Mail:**

City: Englewood State: CO

Country: USA Zipcode: 80112 -

Attention: Linda Kinney – (202)293–0981

2. Conta	ct				
	Name:	Pantelis Michalopoulos	Phone Number:	202-429-6494	
	Company:	Steptoe & Johnson LLP	Fax Number:		
	Street:	1330 Connecticut Ave NW	E–Mail:	pmichalopoulos@steptoe.com	
	City:	Washington	State:	DC	
	Country:	USA	Zipcode:	20036 –	
	Attention:		Relationship:	Legal Counsel	
(If your a	annlication is re	elated to an application filed with	the Commission, enter either th	the file number or the IB Submission ID of the related	
application	on. Please enter	* *	the Commission, enter either tr	te file number of the 1B Submission 1D of the related	
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 C	Classification	CGX – Fixed Satellite Transmit/I	Receive Earth Station		
5. Type R	Request				
O Use Prior to Grant O Change Station Location O Other					
6. Reque	sted Use Prior	Date			
7. CityCl	neyenne		8. Latitude (dd mm ss.s h)	41 7 58.3 N	

9. State WY	10. Longitude (dd mm ss.s h) 104 44 9.1 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.)						
EchoStar Corporation requests emergency special temporary authority to operate its transmit/receive earth station to provide TT&C services to de-orbit the EchoStar 5 satellite. 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.						
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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