## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA FOR PRIOR USE OF INDIANAPOLIS UPLINK

1. Applicant

Name: Educational Media Foundation Phone Number: 916–251–1600

DBA Name: Fax Number:

Street: 5700 West Oaks Blvd. E–Mail: efile@emfbroadcasting.com

City: Rocklin State: CA

Country: USA Zipcode: 95765 -

**Attention:** Mike Novak

2. Contact							
Na	ame:	Alan Guthrie	Phone Nu	umber:	916–708–1538		
Co	ompany:	Educational Media Foundation	Fax Num	ber:			
Str	reet:	5700 West Oaks Blvd	E–Mail:		aguthrie@emfbroadcasting.com		
Ci	ty:	Rocklin	State:		CA		
Co	ountry:	USA	Zipcode:		95765 –		
At	tention:		Relations	ship:	Engineer		
(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 IB2009007090							
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 → Noncommercial educational licensee							
Other(please explain):							
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
Use Prior	Use Prior to Grant Change Station Location Other						
6. Requested 12/01/2		ate					

7. CityIndianapolis	8. Latitude					
	(dd mm ss.s h) 39 54 13.0 N					
9. State IN	10. Longitude					
	(dd mm ss.s h) 86 3 38.5 W					
11. Please supply any need attachments.						
Attachment 1: STA REQUEST Attachment 2:	Attachment 3:					
Attachment 1. STA REQUEST Attachment 2.	Attachment 5:					
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.)						
THIS STA REQUEST IS BEING ELECTRONICALLY FILED TO SUPPLEMENT A WRITTEN STA REQUEST						
SUBMITTED ON NOVEMBER 25, 2009.						
<u> </u>						
13. By checking Yes, the undersigned certifies that neither applicant nor	r any other party to the application is Yes No					
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					
MIKE NOVAK	PRESIDENT/CEO					
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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