APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request to Renew Special Temporary Authority to Operate E020233 to Provide TT&C for EchoStar 1 at 77 W.L.

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. Contac | ct | | | | |
|---|-----------------|---------------------------|------------------------------|--|--|
| | Name: | Pantelis Michalopoulos | Phone Number: | 202-429-6494 | |
| | Company: | Steptoe & Johnson LLP | Fax Number: | | |
| | Street: | 1330 Connecticuit Ave NW | E–Mail: | pmichalopoulos@steptoe.com | |
| | City: | Washington | State: | DC | |
| | Country: | USA | Zipcode: | 20036 – | |
| | Attention: | | Relationship: | Legal Counsel | |
| If Yes Gove | s, complete and | y Noncommercial education | | otion (see 47 C.F.R.Section 1.1114). | |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station | | | | | |
| 5. Type R | lequest | | | | |
| Use Prior to Grant Change Station Location Other | | | | | |
| 6. Reques | sted Use Prior | Date | | | |
| 7. CityGilbert | | | 8. Latitude (dd mm ss.s l | 8. Latitude (dd mm ss.s h) 33 22 0.9 N | |

| 9. State AZ | 10. Longitude (dd mm ss.s h) 111 48 52.9 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 seeks to renew its STA to operate its transmit/receive earth station to provide DBS feeder link services to the EchoStar 1 satellite at 77 W.L. pending the reflagging of the satellite under Mexican authority. Please see the 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 | 15. Title of Person Signing | | | | | |
| Linda Kinney | 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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