## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: May 2010 pre grant STA for Assignment of E020134 and E050378

1.	Ap	pli	cant	t

Name: Citadel Broadcasting Company, Phone Number: 702–804–5200

Debtor-in-Possession

**DBA Name:** Fax Number: 702–804–5936

Street: 7201 West Lake Mead Boulevard E–Mail: license.management@citcomm.

com

Suite 400

City: Las Vegas State: NV

Country: USA Zipcode: 89128 -

**Attention:** Mrs Judith A Ellis

2. Contact					
Name:	Nancy A. Ory	Phone Number:	2024298970		
Company:	Lerman Senter PLLC	Fax Number:	2022937783		
Street:	2000 K Street, NW	E–Mail:	nory@lermansenter.com		
	Suite 600				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20006 –		
Attention:	Nancy Ory	Relationship:	Legal Counsel		
application. Please enter 3. Reference File Numb  4a. Is a fee submitted  If Yes, complete and  Governmental Entit  Other(please explain	r only one.)  per SESASG2010040700403  I with this application?  I attach FCC Form 159. If Normalized in the second secon	or Submission ID  o, indicate reason for fee exemption tional licensee	on (see 47 C.F.R.Section 1.1114).		
	CGX – Fixed Satellite Transm	it/Receive Earth Station			
5. Type Request  O Change Station Location O Other					
6. Requested Use Prior 05/28/2010	Date				
7. CityLittle Rock		8. Latitude (dd mm ss.s h)	34 45 36.2 N		

9. State AR	10. Longitude (dd mm ss.s h) 92 26 40.2 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 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 Judith A. Ellis	15. Title of Person Signing COO				
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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