## 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 E861076

1. Applicant

Name: Radio License Holding I, LLC, **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:                        | 202-429-8970                      |
| Company:  | Lerman Senter PLLC   | Fax Number:                          | 202–293–7783                      |
| 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                     |
|   |  |                                      |                                   |
| 4a. Is a fee submitted  If Yes, complete and Governmental Entire Other(please explain | ber SESASG2010040700405 d with this application? d attach FCC Form 159. If Note that the second seco | o, indicate reason for fee exemption | on (see 47 C.F.R.Section 1.1114). |
| 4b. Fee Classification  | CGX – Fixed Satellite Transm   | it/Receive Earth Station             |                                   |
| <ul><li>5. Type Request</li><li>Use Prior to Grant</li></ul>                          | <b>o</b> (   | Change Station Location              | Other                             |
| 6. Requested Use Prior 05/28/2010   | Date   |                                      |                                   |
| 7. CityDetroit  |  | 8. Latitude (dd mm ss.s h)           | 42 10 9.0 N                       |

| 9. State MI   | 10. Longitude (dd mm ss.s h) 83 12 47.0 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 EVP           |  |  |  |
| 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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