

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA request for a 2.4 meter Ku-band T/R to use prior to pending License Grant

**1. Applicant**

<b>Name:</b>	Valley Communications of Moses Lake, Inc.	<b>Phone Number:</b>	509-248-7800
<b>DBA Name:</b>		<b>Fax Number:</b>	509-576-8038
<b>Street:</b>	1201 West Lincoln Avenue	<b>E-Mail:</b>	Damon.vetsch@tele-waves.com
<b>City:</b>	Yakima	<b>State:</b>	WA
<b>Country:</b>	USA	<b>Zipcode:</b>	98902 -2535
<b>Attention:</b>	Damon Vetsch		

**2. Contact**

<b>Name:</b>	Damon Vetsch	<b>Phone Number:</b>	509-248-7800
<b>Company:</b>	Valley Communications of Moses Lake, Inc.	<b>Fax Number:</b>	509-576-8038
<b>Street:</b>	1201 West Lincoln Avenue	<b>E-Mail:</b>	Damon.vetsch@tele-waves.com
<b>City:</b>	Yakima	<b>State:</b>	WA
<b>Country:</b>	USA	<b>Zipcode:</b>	98902 -2535
<b>Attention:</b>	Damon Vetsch	<b>Relationship:</b>	Same

(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 IB2010001610

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 Classification CGX - Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
06/07/2010



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