APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to add EchoStar 15 as a point of communication for E980005

1. Applicant								
	Name:	EchoStar Corporation	Phone Number:	303-723-1000				
	DBA Name:		Fax Number:					
	Street:	100 Inverness Terrace East	E–Mail:					
	City:	Englewood	State:	СО				
	Country:	USA	Zipcode:	80112 –				
	Attention:	Alison Minea – (202)293–1216						

2. Contact							
Name:	Pantelis Michalopoulos	Phone Numb	er: 202–429–6494				
Company:	Steptoe & Johnson LLP	Fax Number					
Street:	1330 Connecticut Avenue, NW	E-Mail:	PMichalopoulos@steptoe.com				
City:	Washington	State:	DC				
Country:	USA	Zipcode:	20036 –				
Attention:		Relationship	Legal Counsel				
(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							
3. Reference File Number SESMFS2010062200745 or Submission ID							
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 O Noncommercial educational licensee							
• Other(please explain):							
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
Use Prior to Grant O Change Station Location O Other							
6. Requested Use Prior	Date						
08/03/2010							
7. CityCheyenne			atitude				
		(do	mm ss.s h) 41 7 56.4 N				

9. State WY	10. Longitude (dd mm ss.s h) 104 44 10.4 W						
11. Please supply any need attachments.							
Attachment 1: STA NarrativeAttachment 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.)							
STA to add EchoStar 15 as a point of communication for E980005 prior to grant of permanent							
modification application.							
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						
Alison Minea	Corporate Counsel						
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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