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 point of communication for E060003

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: Alison Minea – 202–293–1216

2. Contact				
Name:	Pantelis Michalopoulos	Phone Number:	202-429-6494	
Compa	ny: Steptoe & Johnson LLP	Fax Number:		
Street:	1330 Connecticut Avenue, NW	E–Mail:	PMichalopoulos@steptoe.com	
City:	Washington	State:	DC	
Country	y: USA	Zipcode:	20036 –	
Attentio	on:	Relationship:	Legal Counsel	
application. Please 3. Reference File N 4a. Is a fee subm If Yes, complete	enter only one.) Number SESMFS2010062200742 or Sunitted with this application? e and attach FCC Form 159. If No, incentity Noncommercial educationa	abmission ID dicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	on CGX – Fixed Satellite Transmit/Re	eceive Earth Station		
5. Type Request Use Prior to Gr	rant O Chang	ge Station Location	Other	
6. Requested Use P 08/03/2010	rior Date			
7. CityGilbert		8. Latitude (dd mm ss.s h) 33 21 53.6 N		

0.00.4	10.7				
9. State AZ	10. Longitude (dd mm ss.s h) 111 48 1.5 W				
	(dd mm ss.s h) 111 48 1.5 W				
11. Please supply any need attachments.					
Attachment 1: STA 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.)					
STA to allow E060003 to add EchoStar 15 as point of communication prior to grant.					
13. By checking Yes, the undersigned certifies that neither applicant no	r any other party to the application is Yes No				
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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