APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Louisville E

1. Applicant

Name: Lowery Satellite Services Inc. **Phone Number:** 407–859–7940

DBA Name: Fax Number: 407–859–7946

Street: 45 Drennen Rd E–Mail: glen@lowerysatellite.com

City: Orlando State: FL

Country: USA **Zipcode:** 32806 -

Attention: Mr Landal G Lowery

| 2. Contact | | | | |
|--|---|---|---|--|
| Name | : Mr Landal G Lowery | Phone Number: | 407-859-7940 | |
| Comp | oany: 407–859–7946 | Fax Number: | 407-859-7946 | |
| Street | : 45 Drennen Rd | E–Mail: | glen@lowerysatellite.com | |
| City: | Orlando | State: | FL | |
| Count | | Zipcode: | 32806 – | |
| Atten | • | - | Same | |
| | | | | |
| application. Pleas 3. Reference File 4a. Is a fee sub If Yes, compl | e enter only one.) Number or Submission ID mitted with this application? ete and attach FCC Form 159 al Entity Noncommercia | . If No, indicate reason for fee exempt | the file number or the IB Submission ID of the related ion (see 47 C.F.R.Section 1.1114). | |
| 4b. Fee Classifica | tion CGX – Fixed Satellite | Transmit/Receive Earth Station | | |
| 5. Type Request Use Prior to | Grant | Change Station Location | • Other | |
| 6. Requested Use 09/24/2010 | | | | |
| 7. CityLousville | | 8. Latitude (dd mm ss.s h |) 38 9 6.0 N | |

| 9. State KY | 10. Longitude (dd mm ss.s h) 84 31 2.0 W | | | |
|---|---|--|--|--|
| 11. Please supply any need attachments. | | | | |
| Attachment 1: STA Request Attachment 2: Coordin | ation Report Attachment 3: License RadHaz | | | |
| 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.) | | | | |
| 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 | | | |
| Mr Landal G Lowery | President | | | |
| 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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