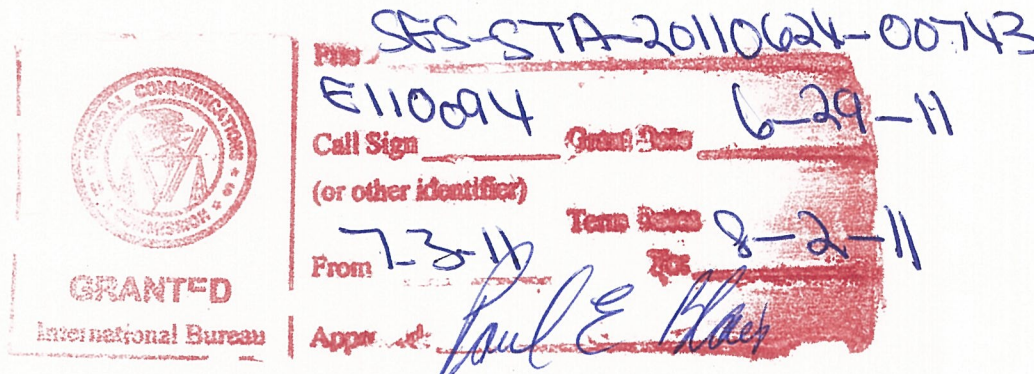


APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Haleiwa (Paumalu) Emergency STA - 3rd Extension Request

1. Applicant

Name:	Allen Holdings, Inc. d/b/a Allen Communications	Phone Number:	562-902-7691
DBA Name:		Fax Number:	562-902-7695
Street:	10813 El Arco Drive	E-Mail:	
City:	Whittier	State:	CA
Country:	USA	Zipcode:	90603 -
Attention:	Mr Bill Allen		



2. Contact

Name:	Frank R. Jazzo, Esq.	Phone Number:	7038120470
Company:	FLETCHER, HEALD & HILDRETH, P.L.C.	Fax Number:	7038120486
Street:	1300 NORTH 17TH STREET	E-Mail:	jazzo@fhhlaw.com
City:	ARLINGTON	State:	VA
Country:	USA	Zipcode:	22209 -
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 only one.)

3. Reference File Number SESLIC2011060100647 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).
- 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

7. City Haleiwa	8. Latitude (dd mm ss.s h) 21 40 16.9 N
9. State HI	10. Longitude (dd mm ss.s h) 158 2 3.4 W
11. Please supply any need attachments. Attachment 1: Extension Request 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Applicant requests an extension of the emergency authorization (originally granted March 29, 2011, File Number SES-STA-20110323-00335) to provide service in support of U.S. Naval forces on mission to Japan. An application for license to replace this temporary authority is currently pending under call sign E110094, File Number SES-LIC-20110601-</div>	
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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Bill Allen	15. Title of Person Signing 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).	

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

12. Description

Applicant requests an extension of the emergency authorization (originally granted March 29, 2011, File Number SES-STA-20110323-00335) to provide service in support of U.S. Naval forces on mission to Japan. An application for license to replace this temporary authority is currently pending under call sign E110094, File Number SES-LIC-20110601-00647.

Request for Extension of Emergency STA

On March 29, 2011, Allen Holdings, Inc ., d/b/a Allen Communications was granted special temporary authorization ("STA") to install and operate a 5.5 m Vertex antenna for service supporting the U.S. Navy on the JSAT 1B satellite serving Japan. Several U.S. Navy ships are in the Pacific and communication over Ku-band frequencies is mission essential.

The requested extension will allow Allen Communications to continue to provide a link between the ships and the shore network via JCSAT 1B and the terrestrial infrastructure only available at Paumotu. This is the sole option available to provide timely support for this mission and also ensure the ships can complete their mission. JCSAT-1B has been authorized as a point of communications in File Number SES-MOD-20080327-00366.

FCC 312
Schedule B

STA REQUEST

FEDERAL COMMUNICATIONS COMMISSION
SATELLITE EARTH STATION AUTHORIZATIONS
(Technical and Operational Description)

Page 1: Location

(Place an "X" in one of the blocks below)

License of New Station Registration of New Domestic Receive-Only Station Amendment to a Pending Application Modification of License/Registration Notification of Minor Modification

B1. Location of Earth Station Site. If temporary-fixed, mobile, or VSAT remote facility, specify area of operation and point of contact. If VSAT hub station, give its location. For VSAT networks attach individual Schedule B, Page 1 sheets for each hub station and each remote station. Individually provide the Location, Points of Communications, and Destination Points for each hub and remote station.

B1a. Station Call Sign	B1b. Site Identifier (HUB, REMOTE1, etc.) PAUMALU	B1c. Telephone Number 562-902-7691	B1j. Geographic Coordinates Deg. - Min. - Sec. - N/S E/W	B1k. Lat./Lon. Coordinates are: <input type="checkbox"/> NAD-27 <input checked="" type="checkbox"/> NAD-83
B1d. Street Address of Station or Area of Operation 58-350 Kamehameha Hi-Way		B1e. Name of Contact Person Bill Allen		Lat. 21 40 16.9 N Lon. 158 2 3.40 W
B1f. City Haleiwa	B1g. County	B1h. State HI	B1i. Zip Code 96712	B1l. Site Elevation (AMSL) 145 meters

B2. Points of Communications: List the names and orbit locations of all satellites with which this earth station will communicate. The entry "ALSAT" is sufficient to identify the names and locations of all satellite facilities licensed by the U.S. All non-U.S. licensed satellites must be listed individually.

Satellite Name and Orbit Location	Satellite Name and Orbit Location	Satellite Name and Orbit Location
JCSAT 1B (150 EL)		

B3. Destination points for communications using non-U.S. licensed satellites. For each non-U.S. licensed satellite facility identified in section B2 above, specify the destination point(s) (countries) where the services will be provided by this earth station via each non-U.S. licensed satellite system. Use additional sheets as needed.

Satellite Name	List of Destination Points
JCSAT 1B	JAPAN

**FEDERAL COMMUNICATIONS COMMISSION
SATELLITE EARTH STATION AUTHORIZATIONS
FCC Form 312 - Schedule B: (Technical and Operational Description)**

If VSAT Network, provide the SITE-ID (Item B1b) of the station that B8-B13 are in response to (HUB, REMOTE1, etc.): _____

B8. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurements? If NO, provide as an exhibit, a technical analysis showing compliance with two-degree spacing policy.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO												
B9. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non-geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO N/A												
B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												
Remote Control Point Location:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">B10a. Street Address</td> </tr> <tr> <td style="padding: 2px;">B10b. City</td> <td style="padding: 2px;">B10c. County</td> <td style="padding: 2px;">B10d. State / Country</td> <td style="padding: 2px;">B10e. Zip Code</td> </tr> <tr> <td colspan="2" style="padding: 2px;">B10f. Telephone Number</td> <td colspan="2" style="padding: 2px;">B10g. Call Sign of Control Station (if appropriate)</td> </tr> </table>			B10a. Street Address				B10b. City	B10c. County	B10d. State / Country	B10e. Zip Code	B10f. Telephone Number		B10g. Call Sign of Control Station (if appropriate)	
B10a. Street Address														
B10b. City	B10c. County	B10d. State / Country	B10e. Zip Code											
B10f. Telephone Number		B10g. Call Sign of Control Station (if appropriate)												
B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												
B12. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as an exhibit.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												
B13. FAA Notification - (See 47 CFR Part 17 and 47 CFR Part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and/or the FAA's study regarding the potential hazard of the structure to aviation? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												