APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: MSS – Temporary (STA)

1. Applicant

Name: Michigan Satellite Systems Phone Number: 734–761–9011

DBA Name: 586–254–4766

Street: 2716 Balsam Way Dr E–Mail: moonjeff@aol.com

City: Sterling Heights State: MI

Country: USA **Zipcode:** 48314 -

Attention: Mr Jeff S Moon

2. Contac	et					
	Name:	Michigan Satellite Systems	Phone Nu	ımber:	734–761–9011	
	Company:		Fax Numl	ber:	586-254-4766	
	Street:	2716 Balsam Way Dr	E–Mail:		moonjeff@aol.com	
	City:	Sterling Heights	State:		MI	
	Country:	USA	Zipcode:		48314 –	
	Attention:		Relationsl	hip:		
application 3. Reference 4a. Is a Gove Other	n. Please enterence File Number fee submitted some submitted some submitted some submitted submitted feet and submitted feet feet feet feet feet feet feet	r only one.) ber or Submission ID d with this application? d attach FCC Form 159. If No, if y Noncommercial education n): TBD – Waiting on costs asse	ndicate reason and licensee ociated with this	for fee exemption (see	number or the IB Submission ID of the related 47 C.F.R.Section 1.1114).	
4b. Fee C	lassification	CGX – Fixed Satellite Transmit/I	Receive Earth S	Station		
5. Type R	•					
-	sted Use Prior 1 12/2011	Date				

7. CityVarious	8. Latitude (dd mm ss.s h) 0 0 0.0					
9. State MI	10. Longitude (dd mm ss.s h) 0 0 0.0					
11. Please supply any need attachments.						
Attachment 1: 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.)						
We would like to request the extension and continuation of Call Sign - E010014. Due to circumstances, this license was attempted to be renewed online, but was not accepted as it was prior to 90 days before expiration. Time lapsed and this license expired on 3/22/2011, before it was remembered again to try and file. We are requesting a temporary						
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 Jeff Moon	15. Title of Person Signing CEO / 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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12. Description

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