## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Cheyenne E010151 STA for 30 MBd symbol rate

1. Applicant

Name: WB Holdings 1 LLC Phone Number: 760–476–2583

**DBA Name:** Fax Number: 760–929–3941

Street: 6155 El Camino Real E–Mail: daryl.hunter@viasat.com

City: Carlsbad State: CA

Country: USA Zipcode: 92009 -

**Attention:** Mr Daryl Hunter

2. Contact				
Name:	Daryl Hunter	Phone Number:	760–476–2583	
Company:	ViaSat, Inc.	Fax Number:	760-929-3934	
Street:	6155 El Camino Real	E–Mail:	daryl.hunter@viasat.com	
City:	Carlsbad	State:	CA	
Country:	USA	Zipcode:	92009 –	
Attention:	Mr. Daryl Hunter	Relationship:	Same	
application. Please ente 3. Reference File Num 4a. Is a fee submitte  If Yes, complete an	r only one.) ber or Submission ID d with this application?	o, indicate reason for fee exemption	n (see 47 C.F.R.Section 1.1114).	related
Other(please explain		tional needsee		
4b. Fee Classification	CGX – Fixed Satellite Transm	it/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 08/12/2011	Date			
7. CityCheyenne		8. Latitude (dd mm ss.s h)		

9. State WY	10. Longitude (dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: 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.)					
See Attachment					
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 Daryl Hunter	15. Title of Person Signing Director, Regulatory Affairs				
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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