## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KH93 Kennett, MO

1. Applicant

Name: Telecommunications Management, Phone Number: 573–472–9500

LLC

**DBA Name:** 573–481–9809

**Street:** One Montgomery Plaza, 4th floor **E-Mail:** 

City: Sikeston State: MO

Country: USA Zipcode: 63801 -

Attention: J. Keith Davidson

2. Contac	t				
	Name:	Candi Chappell	Phone Number:	573-481-2411	
	Company:	Telecommunications Management, LLC	Fax Number:	573-481-9809	
	Street:	One Montgomery Plaza, 4th floo	E–Mail:	cchappell@newwavecom.com	
	City:	Sikeston	State:	МО	
	<b>Country:</b>	USA	Zipcode:	63801 –	
	Attention:	Candi Chappell	Relationship:	Other	
4a. Is a  4a. Is a  Figure 1. If Yes  Gover  Other	a fee submitted, complete and rnmental Entity (please explain	with this application? attach FCC Form 159. If No, indic Noncommercial educational 1	icensee	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Ro	equest Prior to Grant	• Change	Station Location	O Other	
	ted Use Prior D 15/2011	Date			

7. CityKennett	8. Latitude (dd mm ss.s h) 36 13 40.0 N				
9. State MO	10. Longitude (dd mm ss.s h) 90 3 47.0 W				
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.)					
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					
J. Keith Davidson	Chief Financial Officer				
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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