APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant							
Name:	KSBJ EDUCATIONAL FOUNDATION	Phone Number:	281-446-5725				
DBA Name:		Fax Number:					
Street:	187, 187	E-Mail:					
City:	HUMBLE	State:	TX				
Countr	y: USA	Zipcode:	77347 –				
Attentio	on: Mark Wanner						

2. Contact							
Name:	Wray Fitch	Phone Number:	703 761 5013				
Company:	Gammon & Grange	Fax Number:	703 761 5023				
Street:	8280 Greensboro Dr	E-Mail:	awf@gg–law.com				
	7th Floor						
City:	McLean	State:	VA				
Country:	USA	Zipcode:	22102 –				
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 SESLIC1994042101478 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).							
	O Governmental Entity ● Noncommercial educational licensee						
Other(please explain	n):						
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 I 09/13/2011	Date						
7. CityHumble		8. Latitu (dd mm					

9. State TX		10. Longitude (dd mm ss.s h) 95	15 0.0 W				
11. Please supply	y any need attachments.						
Attachment 1:	Attachment 2:		Attachment 3:				
12. Description.	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.)						
NULL							
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 Wray Fitch		15. Title of Person Signing Counsel					
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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