APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to Communicate with Ciel−2 (E950288)

1. Applicant							
	Name:	EchoStar Broadcasting Corporation	Phone Number:	202–293–0981			
	DBA Name:		Fax Number:				
	Street:	100 Inverness Terrace East	E-Mail:				
	City:	Englewood	State:	СО			
	Country:	USA	Zipcode:	80112 –			
	Attention:	Ms Alison Minea					

2. Contact							
Name:	Christopher Bjornson	Phone Numb	er: 202–429–3059				
Company:	Steptoe & Johnson LLP	Fax Number:	202-429-3902				
Street:	1330 Connecticut Avenue, NW	E–Mail:	cbjornson@steptoe.com				
City:	Washington, D.C.	State:	DC				
-	C C						
Country:	USA	Zipcode:	20036 –				
Attention:	Chris Bjornson	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 SESMFS2008092601243 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 09/15/2011	Date						
7. City			atitude mm ss.s h) 0 0 0.0				

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0					
11. Please supply any need attachments.						
Attachment 1: 129 STAAttachment 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.)						
STA for DISH Operating L.L.C. and EchoStar Broadcasting Corporation to communicate with						
the Ciel−2 satellite while it is outside its station−keeping limits.						
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					
Alison Minea	Corporate 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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