202-293-0981

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Special Temporary Authority for Call Sign E080120 to Add EchoStar 8 at 76.85 W.L. as a Point of Communication

1. Applicant

Name: EchoStar Broadcasting Phone Number:

Corporation

DBA Name: Fax Number:

Street: 100 Inverness Terrace East E-Mail:

City: Englewood State: CO

Country: USA Zipcode: 80112 -

Attention: Ms Alison Minea

2. Conta	ect				
	Name:	Pantelis Michalopoulos	Phone Number:	202-429-6494	
	Company:	Steptoe & Johnson LLP	Fax Number:		
	Street:	1330 Connecticut Ave. NW	E–Mail:	pmichalopoulos@steptoe.com	
	City:	Washington	State:	DC	
	Country:	USA	Zipcode:	20036 –	
	Attention:		Relationship:	Legal Counsel	
(If your a	application is re	elated to an application filed with t	the Commission, enter either t	ne file number or the IB Submission ID of the related	
application. Please enter only one.) 3. Reference File Number or Submission ID					
4a. Is a fee submitted with this application? one 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					
O Othe	er(please explai	n):			
4b. Fee C	Classification	CGX – Fixed Satellite Transmit/F	Receive Earth Station		
5. Type F	Request				
O Use Prior to Grant O Change Station Location O Other					
6. Reque	sted Use Prior	Date			
7. CityCl	heyenne		8. Latitude (dd mm ss.s h)	41 7 54.4 N	

9. State WY	10. Longitude (dd mm ss.s h) 104 44 13.0 W					
11. Please supply any need attachments.	<u>'</u>					
Attachment 1: Narrative Attachment 2:	Attachment 3:					
12. Description. (If the complete description does not appear in this bo	ox, please go to the end of the form to view it in its entirety.)					
EchoStar Broadcasting Corporation seeks Special Temporary Authority for its transmit/receive earth station to add EchoStar 8, a Mexican-licensed satellite, as a point of communication. See attached narrative.						
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 Alison Minea	15. Title of Person Signing 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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