

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA request for use of Ku-band earth stations prior to pending License grant

1. Applicant

Name:	Denali 20020, LLC	Phone Number:	509-689-1000
DBA Name:		Fax Number:	
Street:	66 C USEI Drive	E-Mail:	TOCC@usei-teleport.com
City:	Brewster	State:	WA
Country:	USA	Zipcode:	98812 -
Attention:	Mr James Veeder		

2. Contact

Name:	Chris Harlow	Phone Number:	509-689-1000
Company:	Denali 20020, LLC	Fax Number:	
Street:	66 C USEI Drive	E-Mail:	charlow@usei-teleport.com
City:	Brewster	State:	WA
Country:	USA	Zipcode:	98812 -
Attention:		Relationship:	Same

(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 or Submission ID IB2012000668

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 Date
03/09/2012

7. City Brewster

8. Latitude
(dd mm ss.s h) 48 8 47.0 N

9. State WA	10. Longitude (dd mm ss.s h) 119 41 29.0 W
11. Please supply any need attachments. Attachment 1: Coordination 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">STA for use prior to grant of pending license application IB2012000668, for 3.5m, 3.7m, 6.1m and 9m Ku-band transmit/receive earth stations. The STA is needed to prevent interruption of the applicant's support of critical U.S. Government services.</div>	
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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Jim Veeder	15. Title of Person Signing Owner – Strategic Development
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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