

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

CoverEDGE Earth Station STA

1. Applicant

| | | | |
|-------------------|--------------------|----------------------|---------------------------|
| Name: | CoverEdge, Inc. | Phone Number: | 702-795-3343 |
| DBA Name: | | Fax Number: | 702-795-3828 |
| Street: | P. O. Box 14925 | E-Mail: | engineering@coveredge.com |
| City: | Las Vegas | State: | NV |
| Country: | USA | Zipcode: | 89114 - |
| Attention: | Mr. Richard Travis | | |

2. Contact

| | | | |
|-------------------|---------------------|----------------------|---------------------------|
| Name: | Mr. Tracey L. Frohn | Phone Number: | 702-795-3343 |
| Company: | CoverEDGE, Inc. | Fax Number: | 702-795-3828 |
| Street: | P. O. Box 14925 | E-Mail: | engineering@coveredge.com |
| City: | Las Vegas | State: | NV |
| Country: | USA | Zipcode: | 89114 - |
| Attention: | Mr. Tracey L. Frohn | Relationship: | Engineer |

(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 IB2012000917

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
04/03/2012

7. City

8. Latitude
(dd mm ss.s h) 0 0 0.0

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