

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA to operate at new uplink frequency

1. Applicant

Name:	Interstate Communications, Inc.	Phone Number:	225-291-2727 x203
DBA Name:		Fax Number:	225-297-7539
Street:	10500 Coursey Boulevard	E-Mail:	jim@louisianaradionetwork.com
	Suite 104		
City:	Baton Rouge	State:	LA
Country:	USA	Zipcode:	70816 -
Attention:	Mr James Engster		

2. Contact

Name:	Michael Patton	Phone Number:	225-752-4189
Company:	Michael Patton & Associates	Fax Number:	225-756-3343
Street:	12231 Industriplex Blvd Suite C	E-Mail:	mike@michaelpatton.com
City:	Baton Rouge	State:	LA
Country:	USA	Zipcode:	70809 -
Attention:	Michael Patton	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

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

07/01/2012

7. City Baton Rouge

8. Latitude

(dd mm ss.s h) 30 24 56.0 N

9. State LA	10. Longitude (dd mm ss.s h) 91 3 50.8 W
11. Please supply any need attachments. Attachment 1: Cover letter Attachment 2: Freq Coordination 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: 5px 0;">Application for STA to operate our C-band uplink transmitter on a frequency not authorized under our current license until our application for a changed frequency can be processed and granted.</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 James Engster	15. Title of Person Signing President and General Manager
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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