

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for 10-day STA to use Call Sign E980118 to test DBSD G-1's C-band TT&C subsystem

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: | CO |
| Country: | USA | Zipcode: | 80112 - |
| Attention: | Ms Alison Minea | | |

2. Contact

| | | | |
|-------------------|-------------------------|----------------------|----------------------------|
| 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 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

7. City Cheyenne

8. Latitude

(dd mm ss.s h) 41 7 55.7 N

| | |
|--|--|
| <p>9. State WY</p> | <p>10. Longitude (dd mm ss.s h) 104 44 11.5 W</p> |
| <p>11. Please supply any need attachments.</p> <p>Attachment 1: Narrative Attachment 2: Attachment 3:</p> | |
| <p>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.)</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>EchoStar Broadcasting Corporation requests 10-day Special Temporary Authority to conduct testing of DBSD G-1's C-Band TT&C subsystem using Call Sign E980118.</p> </div> | |
| <p>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.</p> <p style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> | |
| <p>14. Name of Person Signing Alison Minea</p> | <p>15. Title of Person Signing Corporate Counsel</p> |
| <p>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).</p> | |

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