APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal of 30–day STA for E050017 to Provide Feeder Link and TT&C for QuetzSat–1 at 61.5 W.L.

1. Applicant

Name: EchoStar Holding Purchasing Phone Number: 202–293–0981

Corporation

DBA Name: Fax Number:

Street: PO Box 2390 E–Mail:

City: Germantown State: MD

Country: USA Zipcode: 20875 -

Attention: Ms Alison Minea

2. Contact				
Name:	Stephanie A. Roy	Phone Number:	202−429−6278	
Compar	ny: Steptoe & Johnson LLP	Fax Number:		
Street:	1330 Connecticut Ave NW	E–Mail:	sroy@steptoe.com	
City:	Washington	State:	DC	
Country	v: USA	Zipcode:	20036 –	
Attentio	n:	Relationship:	Legal Counsel	
application. Please 6 3. Reference File N 4a. Is a fee subm If Yes, complete	enter only one.) Jumber SESSTA2012101500927 or suitted with this application? e and attach FCC Form 159. If No, Entity Noncommercial education	Submission ID indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	on CGX – Fixed Satellite Transmit/	Receive Earth Station		
5. Type Request Use Prior to Gr	rant O Cha	ange Station Location	• Other	
6. Requested Use Pr	rior Date			
7. CityGilbert		8. Latitude (dd mm ss.s h)		

9. State AZ	10. Longitude				
3. State AZ	(dd mm ss.s h) 111 48 50.0 W				
11. Dlaces sumply our most office horsests	<u>'</u>				
11. Please supply any need attachments.					
Attachment 1: Narrative 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.)					
Renewal of 30−day STA authority to provide TT&C and feeder link operations for					
QuetzSat−1 at 61.5 W.L.					
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	15. Title of Person Signing				
Alison Minea	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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