APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA TO AMENDED MODIFICATION FOR CALL SIGN E940167

1. Applicant

Name: Sure Shot Transmissions, Inc. **Phone Number:** 330–542–0900

DBA Name: Fax Number: 330–542–1020

Street: P.O. Box 489 E-Mail: cblasko@sureshotsat.com

10314 Main Street

City: New Middletown State: OH

Country: USA **Zipcode:** 44442 –0489

Attention: Ms Carolyn Blasko

2. Contact			
Name:	Sure Shot Transmissions, Inc.	Phone Number:	330-542-0900
Company:		Fax Number:	330-542-1020
Street:	P.O. Box 489	E–Mail:	cblasko@sureshotsat.com
	10314 Main Street		
City:	New Middletown	State:	ОН
Country:	USA	Zipcode:	44442 -0489
Attention:		Relationship:	
4a. Is a fee submitte If Yes, complete an Governmental Enti Other(please explain	ber SESAMD2013010400004 or Set with this application? d attach FCC Form 159. If No, in ty Noncommercial education in):	idicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).
	CGX – Fixed Satellite Transmit/R	eceive Earth Station	
5. Type Request Use Prior to Grant	Chan	ge Station Location	Other
6. Requested Use Prior 01/25/2013	Date		
7. CityVARIOUS		8. Latitude (dd mm ss.s h)	0 0 0.0

9. State	10. Longitude			
	(dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: 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.)				
SURE SHOT TRANSMISSIONS REQUESTS CONSIDERATION FOR SPECIAL TEMPORARY AUTHORIZATION FOR				
CALL SIGN E940167 TO CONDUCT BUSINESS IN THE PUBLIC INTEREST WHILE SES-AMD-20130104-0004				
IS UNDER REVIEW FOR THIRTY (30) DAYS BEGINNING 01/25/2013.				
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			
CAROLYN BLASKO	FINANCIAL DIRECTOR			
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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