APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: TES-1 STA

1. Applicant

Name: Living Faith Ministries Inc **Phone Number:** 540–935–7850

DBA Name: Fax Number: 540–935–8857

Street: 151, Hwy 460 **E–Mail:**

City: Vansant State: VA

Country: USA Zipcode: 24656 -

Attention: DONALD V JONES

2. Contac	et				
	Name:	Michael Smith	Phone Number:	540-935-7850	
	Company:	Living Faith Ministries Inc	Fax Number:	540-935-8857	
	Street:	151 Hwy 460	E–Mail:		
	City:	Vansant	State:	VA	
	Country:	USA	Zipcode:	24656 –	
	Attention:	Michael Smith	Relationship:	Other	
4a. Is a fixed of Government o	a fee submitted s, complete and rnmental Entit	over or Submission ID I with this application? I attach FCC Form 159. If No, if y Noncommercial education n): 501–c3 certified non–profit	nal licensee	otion (see 47 C.F.R.Section 1.1114).	
4b. Fee C	lassification	CGX – Fixed Satellite Transmit/	Receive Earth Station		
5. Type R	equest				
• Use	Use Prior to Grant Change Station Location Other				
•	sted Use Prior 1/15/2013	Date			

7. Cityvarious	8. Latitude (dd mm ss.s h) 0 0 0.0					
9. State VA	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.)						
requesting temporary authority to operate ku band temporary fixed earth station call sign E130049 prior to license grant. This station was previously licensed to Western Satlink, license # E940510 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 Michael Smith	15. Title of Person Signing Pres.					
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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