## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request STA dated 4/10/2013

1. Applicant				
Name:	Sure Shot Transmissions, Inc.	Phone Number:	330-542-0900	
DBA N	ame:	Fax Number:	330-542-1020	
Street:	P.O. Box 489	E-Mail:	cblasko@sureshotsat.com	
	10314 Main Street			
City:	New Middletown	State:	ОН	
Countr	y: USA	Zipcode:	44442 -0489	
Attenti	on: Ms Carolyn Blasko			

2 Contract							
2. Contact							
Name:	Sure Shot Transmissions, Inc.	Phone Nu	mber:	330-542-0900			
Company:		Fax Numb	ber:	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:		Relations	Relationship:				
<ul><li>(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.)</li><li>3. Reference File Number or Submission ID IB2013000305</li></ul>							
<ul> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> </ul>							
• Governmental Entity	y 💍 Noncommercial educationa	al 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 I 04/11/2013	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.)							
Request to grant Special Temporary Authorization of call sign E940167 to continue to conduct business while SES-MOD-20130201-00146 is under review for grant.							
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 Carolyn Blasko	15. Title of Person Signing Financials						
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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