

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter 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 Name:		Fax Number:	330-542-1020
Street:	P.O. Box 489 10314 Main Street	E-Mail:	cblasko@sureshotsat.com
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 10314 Main Street	E-Mail:	cblasko@sureshotsat.com
City:	New Middletown	State:	OH
Country:	USA	Zipcode:	44442 -0489
Attention:		Relationship:	

(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 IB2013000305

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
04/11/2013

7. City VARIOUS

8. Latitude
(dd mm ss.s h) 0 0 0.0

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