APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to include E040124 in assignment closing

1. Applicant						
Name:	KUIL License Company LLC	Phone Number:	214-730-0151			
DBA Nan	DBA Name:					
Street:	15455 Dallas Parkway	E-Mail:				
	Suite 1447					
City:	Addison	State:	TX			
Country:	USA	Zipcode:	75001 –			
Attention	: Terry London					

2. Contact								
Na	ame:	Kathleen A. Kirby	Phone Nu	mber:	202-719-3360			
Co	ompany:	Wiley Rein LLP	Fax Numb	er:				
St	treet:	1776 K Street, NW	E-Mail:		kkirby@wileyrein.com			
Ci	ity:	Washington	State:		DC			
Co	ountry:	USA	Zipcode:		20006 –			
At	ttention:	Kathleen Kirby	Relationsh	up:	Legal Counsel			
	(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							
			mission ID					
1								
								
4h Fee Class								
5. Type Request								
• Use Prior to Grant • • • Change Station Location • • • Other								
6. Requested	Use Prior D	ate						
7 CityI ake C	Charles			R Latitude				
/. ChyLake C	Charles				1 50.0 N			
(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 SESASG2014070300564 or Submission ID 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 6. Requested Use Prior Date 7. CityLake Charles 8. Latitude								

9. State LA	10. Longitude (dd mm ss.s h) 93 13 12.0 W					
11. Please supply any need attachments.						
Attachment 1: Attachment 1Attachment 2:	Attachment 3:					
12. Description. (If the complete description does not appear in this be	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.)					
Special temporary authority is hereby requested to allow E040124 to be included in the consummation of the assignment of KUIL-LD and related licenses.						
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 Terry London	15. Title of Person Signing President					
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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