## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E970268 STA Request for Approval to Consummate TC

1. Applicant							
	Name:	Gray Television Group, Inc.	Phone Number:	404-266-8333			
	DBA Name:		Fax Number:				
	Street:	4370 Peachtree Road, NE	E-Mail:				
	City:	Atlanta	State:	GA			
	<b>Country:</b>	USA	Zipcode:	30319 –			
	Attention:	Kevin Latek					

2. Contact						
Name:	Robert J. Folliard III	Phone Number:	202-7762357			
Company	y: Cooley LLP	Fax Number:				
Street:	1299 Pennsylvania Avenue, NW	E-Mail:	rfolliard@cooley.com			
	Suite 700					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20004 –			
Attention	Robert Folliard	<b>Relationship:</b>	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 application. Please enter only one.) 3. Reference File Number SEST/C2014072300610 or Submission ID						
40. Is a fac submit	ttad with this application?					
<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>						
<ul> <li>Governmental Entity</li> <li>Noncommercial educational licensee</li> </ul>						
• Other(please explain):						
4b. Fee Classification	n CGX – Fixed Satellite Transmit/Rec	ceive Earth Station				
5. Type Request						
• Use Prior to Grant • Change Station Location • Other						
6. Requested Use Pri- 09/15/2014	or Date					
7. City		8. Lati (dd mi	tude n 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 1Attachment 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.)						
Applicant requests Special Temporary Authority to consummate the transactions noted in Exhibit 1 prior to FCC approval.						
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 Kevin P. Latek	15. Title of Person Signing Secretary					
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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