## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for Special Temporary Authority

1. Applicant

**Name:** Deere & Company **Phone Number:** 310–381−2000

**DBA Name:** Fax Number: 310–381–2001

Street: 20780 Madrona Ave. E–Mail: lewellenmarkn@johndeere.com

City: Torrance State: CA

**Country:** USA **Zipcode:** 90503 -3777

**Attention:** Mr. Mark Lewellen

2. Contact						
	Name:	Catherine Wang	Phone Number:	20	02-373-6037	
	Company:	Morgan, Lewis & Bockius LLP	Fax Number:	20	02-373-6001	
	Street:	2020 K Street, NW	E–Mail:	Са	atherine.wang@morganlewis.com	
	City:	Washington	State:	Γ	OC .	
	<b>Country:</b>	USA	Zipcode:	20	0006 –	
	Attention:	Ms. Catherine Wang	Relationship:	L	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 SESRWL2011090801047 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 CGB – Mobile Satellite Earth Stations						
5. Type Request						
● Use Prior to Grant						
6. Requested Use Prior Date 01/07/2015						

7. CityConterminous U.S., Alaska and Hawaii	8. Latitude (dd mm ss.s h) 0 0 0.0 N						
9. State	10. Longitude (dd mm ss.s h) 0 0 0.0 W						
11. Please supply any need attachments.							
Attachment 1: Exhibit A 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.)							
Deere & Company seeks follow-on special temporary authority to operate StarFire terminals with modified receive-only frequencies during the pendency of license modification application to Call Sign E010011. Please see Exhibit A for STA justification.  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 Mark Lewellen	15. Title of Person Signing Spectrum Manager						
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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