APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request to Test Gateway in Tukwila, WA

1. Applicant

Name: HNS License Sub, LLC **Phone Number:** 301–428–5893

DBA Name: Fax Number: 301–428–2818

Street: 11717 Exploration Lane E–Mail: jennifer.manner@echostar.com

City: Germantown State: MD

Country: USA Zipcode: 20876 -

Attention: Jennifer A. Manner

2. Contact							
] 1	Name:	Jennifer A. Manner	Phone Nu	ımber:	301-428-589	93	
Company:		HNS License Sub, LLC	Fax Num	Fax Number:		301-428-2818	
	Street:	11717 Exploration Lane	E–Mail:		jennifer.manı	ner@echostar.com	
	City:	Germantown	State:				
•	Country:	USA	Zipcode:		20876 -		
	Attention:		Relations	Relationship:			
application. 3. Reference 4a. Is a f If Yes, co Govern	Please enter ce File Numb	with this application? attach FCC Form 159. If No, Noncommercial education	Submission ID				
_		CGX – Fixed Satellite Transmit	/Dagairra Fauth (Itation			
		GA – Fixed Sateritie Transmit	Receive Earth S	Station			
5. Type Request O Use Prior to Grant O Change Station Location O Other							
	ed Use Prior D 2/2015	Date					
7. CityTukwila				8. Latitude (dd mm ss.s h) 47 29 33.0 N			

9. State WA	10. Longitude					
	(dd mm ss.s h) 122 17 42.0 W					
11. Please supply any need attachments.						
Attachment 1: STA Request Narrativ Attachment 2: STA Tec	chnical Data 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.)						
30 Day STA request to test gateway Earth station in Tukwila, WA for Jupiter 2 (EchoStar						
XIX). See attached narrative.						
L						
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	15. Title of Person Signing					
Jesse T. Jachman	Senior Counsel, Regulatory Affairs					
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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