

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA – E150015

1. Applicant

| | | | |
|-------------------|--|----------------------|---------------------------|
| Name: | NBC Telemundo License LLC | Phone Number: | 202-524-6401 |
| DBA Name: | | Fax Number: | 202-524-6411 |
| Street: | 300 New Jersey Avenue, NW Suite 700 | E-Mail: | margaret.tobey@nbcuni.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20001 – |
| Attention: | Margaret L Tobey | | |

| | |
|--|--|
| 9. State | 10. Longitude (dd mm ss.s h) 0 0 0.0 |
| 11. Please supply any need attachments. Attachment 1: E150015 Exhibit 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">STA Request for E150015 (modification adding use of extended Ku-band transmit spectrum)</div> | |
| 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. <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| 14. Name of Person Signing Margaret L. Tobey | 15. Title of Person Signing Assistant 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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