

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Special Temporary Authority (E010011)

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:	202-373-6037
Company:	Morgan, Lewis & Bockius LLP	Fax Number:	202-373-6001
Street:	2020 K St., N.W.	E-Mail:	catherine.wang@morganlewis.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:		Relationship:	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 SESMOD2014103000835 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 Change Station Location Other

6. Requested Use Prior Date
03/22/2016

7. City/Contiguous U.S., Alaska & Hawaii	8. Latitude (dd mm 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: Reason for STA 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: 10px 0;">Deere & Company seeks 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.</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 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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