APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E150015 – Request for Extension of STA

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 E–Mail: margaret.tobey@nbcuni.com

Suite 700

City: Washington State: DC

Country: USA Zipcode: 20001 -

Attention: Margaret L Tobey

2. Contact					
Name:	NBC Telemundo License LLC	Phone Number:	202-524-6401		
Company:		Fax Number:	202-524-6411		
Street:	300 New Jersey Avenue, NW	E-Mail:	margaret.tobey@nbcuni.com		
	Suite 700				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20001 –		
Attention:		Relationship:			
application. Please enter			the file number or the IB Submission ID of the relate	ed	
	l with this application?	1	' / 47 OFP 0 / 1 1114)		
	d attach FCC Form 159. If No, inc		ion (see 47 C.F.R.Section 1.1114).		
Governmental Entity Noncommercial educational licensee					
Other(please explai					
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	eceive Earth Station			
5. Type Request					
6. Requested Use Prior	Date				
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0		

	10 T 1 1			
9. State	10. Longitude			
	(dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: E150015 STA Ex. 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.)				
STA Extension Request for E150015 (modificati spectrum)	on adding use of extended Ku-band transmit			
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			
Margaret L. Tobey	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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