APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E150098 STA for EchoStar 23

1. Applicant

Name: EchoStar Broadcasting

Phone Number:

301-428-5893

Corporation

DBA Name:

Fax Number:

Street:

100 Inverness Terrace East

E-Mail:

City:

Englewood

State:

CO

Country:

USA

Zipcode:

80112

Attention:

Jennifer A Manner

| 2. Conta | ct | | | | |
|--|------------------|--|----------------------------------|--|----|
| | Name: | Jennifer A. Manner | Phone Number: | 301–428–5893 | |
| | Company: | EchoStar Broadcasting Corporation | Fax Number: | | |
| | Street: | 11717 Exploration Lane | E–Mail: | | |
| | City: | Germantown | State: | MD | |
| | Country: | USA | Zipcode: | 20876 – | |
| | Attention: | | Relationship: | Same | |
| (If your o | nnlication is re | slated to an application filed with | the Commission, enter either t | ha file number or the IP Submission ID of the relati | |
| application | on. Please enter | | n the Commission, enter either t | he file number or the IB Submission ID of the relate | ed |
| | | I with this application? I attach FCC Form 159. If No, | indicate reason for fee exempti | ion (see 47 C.F.R.Section 1.1114). | |
| O Gove | ernmental Entit | y O Noncommercial education | onal licensee | | |
| Othe | r(please explai | n): | | | |
| 4b. Fee C | lassification | CGX – Fixed Satellite Transmit | Receive Earth Station | | |
| 5. Type R | lequest | | | | |
| O Use Prior to Grant O Change Station Location O Other | | | | | |
| 6. Reques | sted Use Prior | Date | | | |

| 7. CitySummerset | 8. Latitude (dd mm ss.s h) 44 11 14.2 N | | | | | |
|--|---|--|--|--|--|--|
| 9. State SD | 10. Longitude (dd mm ss.s h) 103 20 7.5 W | | | | | |
| 11. Please supply any need attachments. | | | | | | |
| Attachment 1: Exhibit 1 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.) | | | | | | |
| Seeking 180-day STA for in-orbit testing and TT&C for EchoStar 23. 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 Jennifer A. Manner | 15. Title of Person Signing Senior Vice President, 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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