

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E980005 – Cheyenne – STA for EchoStar 23

1. Applicant

| | | | |
|-------------------|--------------------------------------|----------------------|--------------|
| Name: | EchoStar Broadcasting Corporation | Phone Number: | 301-428-5893 |
| DBA Name: | | Fax Number: | |
| Street: | 100 Inverness Terrace East | E-Mail: | |
| City: | Englewood | State: | CO |
| Country: | USA | Zipcode: | 80112 – |
| Attention: | Jennifer A Manner | | |

2. Contact

| | | | |
|-------------------|-----------------------------------|----------------------|--------------|
| 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 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 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 CGX – Fixed Satellite Transmit/Receive Earth Station**5. Type Request**

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

01/08/2017

| | |
|---|--|
| 7. City Cheyenne | 8. Latitude (dd mm ss.s h) 41 7 56.4 N |
| 9. State WY | 10. Longitude (dd mm ss.s h) 104 44 10.4 W |
| 11. Please supply any needed 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 with EchoStar 23. See Exhibit 1. | |
| 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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