

Approved by OMB
3060-0678


APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Pre-Grant 60-Day STA Request for 4.57m & 2.4m Ku-band Antennas (Nov. 2016)

1. Applicant

| | | | |
|-------------------|-------------------------------------|----------------------|-------------------------------|
| Name: | Interactivation Health Networks LLC | Phone Number: | 321-373-3399 |
| DBA Name: | | Fax Number: | |
| Street: | 4300B Fortune Place | E-Mail: | jlyons@thewellnessnetwork.net |
| City: | Melbourne | State: | FL |
| Country: | USA | Zipcode: | 32904 - |
| Attention: | Jim Lyons | | |

60 days "with conditions"



File # SES-STA-2016-1123-00909

Call Sign E160174 Grant Date 11/28/2016
(or other identifier)

Term Dates
From 11/28/2016 To 01/28/2017

Approved: Paul E. Hleeo


Applicant: Interactivation Health Networks LLC
File No.: SES-STA-20161123-00909
Call Sign: E160174

Interactivation Health Networks LLC (IHN) is granted special temporary authority for 60 days, beginning November 28, 2016, to operate its fixed earth station in Melbourne, FL the SES-2 satellite (S2826) at 87° W.L. orbital location in the 14.0–14.5 GHz (Earth-to-space) and 11.7-12.2 GHz (space-to-Earth) frequency bands on the following conditions:

1. In the event of any harmful interference as a result of operations under this grant of STA, IHN shall cease operations immediately upon notification of such interference and shall immediately inform the Commission, in writing, of such an event.
2. All operations shall be on an unprotected, non-interference basis to both government and non-government operations.
3. Any action taken or expense incurred as a result of operations pursuant to this STA is solely at IHN's own risk.
4. Grant of this authorization is without prejudice to any determination that the Commission may make regarding any pending or future IHN applications.
5. All emissions are limited to the power levels specified in IBFS File No. SES-LIC-20161123-00908

This action is issued pursuant to Section 0.261 of the Commission's rules on delegated authority, 47 C.F.R. §0.261, and is effective immediately.

60 days *"with conditions"*

| | |
|---|--|
|  GRANTED International Bureau | File # <u>SES-STA-20161123-00909</u> |
| | Call Sign <u>E160174</u> Grant Date <u>11/28/2016</u> (or other identifier) |
| | Term Dates From <u>11/28/2016</u> To: <u>01/28/2017</u> |
| | Approved: <u>Paul E. Baker</u> |

2. Contact

| | | | |
|-------------------|--------------------------------|----------------------|------------------------|
| Name: | David. S. Keir | Phone Number: | 202-429-8970 |
| Company: | Lerman Senter PLLC | Fax Number: | 202-293-7783 |
| Street: | 2001 L Street, NW Suite 400 | E-Mail: | dkeir@lermansenter.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20036 - |
| 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 or Submission ID IB2016002549

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

11/28/2016

7. City Melbourne

8. Latitude

(dd mm ss.s h) 28 5 42.98 N

| | |
|--|--|
| 9. State FL | 10. Longitude (dd mm ss.s h) 80 41 47.83 W |
| 11. Please supply any need attachments. Attachment 1: Explanatory Exhibit Attachment 2: Radiation Hazard Ex 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;">Request to operate 4.57 meter and 2.4 meter Ku-band antennas prior to action on pending license application.</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 Jim Lyons | 15. Title of Person Signing CTO, Network & Broadcast Operations |
| 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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