APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Summerset STA to Add EchoStar 3 at 86.4 as a POC

1. Applicant

Name: EchoStar Operating L.L.C. Phone Number: 301–428–5893

DBA Name: Fax Number:

Street: 100 Inverness Terrace East E–Mail: jennifer.manner@echostar.com

City: Englewood State: CO

Country: USA Zipcode: 80112 -

Attention: Jennifer Manner

2. Contact						
	Name:	Jennifer Manner	Phone Nu	mber:	301–428–5893	
	Company:	EchoStar Operating L.L.C.	Fax Num	ber:		
	Street:	11717 Exploration Lane	E–Mail:		jennifer.manner@echostar.ccom	
	City:	Germantown	State:		MD	
	Country:	USA	Zipcode:		20876 –	
	Attention:		Relations	hip:	Same	
4a. Is a If Yes Govern Other	a fee submitted s, complete and rnmental Entit (please explain	oer or Submission ID I with this application? I attach FCC Form 159. If No, i y Noncommercial education n):	nal licensee		ion (see 47 C.F.R.Section 1.1114).	
4b. Fee C	lassification	CGX – Fixed Satellite Transmit/F	Receive Earth S	tation		
5. Type Request O Use Prior to Grant O Change Station Location O Other						
_	ited Use Prior 1 25/2017	Date				

7. CitySummerset	8. Latitude (dd mm ss.s h) 44 11 41.2 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 Narrative 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.)						
See narrative						
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).						

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.