APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Cheyenne (E980005) STA to Move EchoStar 12 to 86.4

1. Applicant								
	Name:	EchoStar Operating L.L.C.	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 Manner						

2. Contact								
	Name:	Jennifer Manner	Phone Number:		301-428-5893			
	Company: EchoStar Operating L.L.C.		Fax Number:					
	Street:	11717 Exploration Lane	E-Mail:		jennifer.manner@echostar.ccom			
	City:	Germantown	State:		MD			
	Country:	USA	Zipcode:		20876 –			
	Attention:		Relations	ship:	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 IB2017002186								
4a. Is a fee submitted with this application?								
If Yes	s, complete and	l attach FCC Form 159. If No, i	ndicate reason	for fee exempt	ion (see 47 C.F.R.Section 1.1114).			
Gove	rnmental Entit	y O Noncommercial education	nal licensee					
• Other(please explain):								
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Request								
Use I	Use Prior to Grant Change Station Location Other							
· ·	sted Use Prior I	Date						
08/	21/2017							

7. CityCheyenne	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 need attachments.							
Attachment 1: Exhibit 1Attachment 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 STA to move and operate EchoStar 12 at 86.4 WL, as well as operate certain earth stations for TT&C communications. 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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