APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–DAY STA Request

1. Applicant

Name: Alaska Communications Internet, **Phone Number:** 907–297–3000

LLC

DBA Name: Fax Number: 907–297–3153

Street: 600 Telephone Avenue E–Mail: Lisa.Phillips@acsalaska.com

MS #60

City: Anchorage State: AK

Country: USA Zipcode: 90503 -

Attention: Ms Lisa Phillips

2. Contact				
Name:	Richard Cameron	Phone Number:	2022304962	
Company	LMI Advisors	Fax Number:		
Street:	2550 M Street NW	E–Mail:	rcameron@lmiadvisors.com	
	Suite 343			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20037 –	
Attention	:	Relationship:	Other	
application. Please en 3. Reference File Nu 4a. Is a fee submit If Yes, complete a Governmental Er Other(please exp	ter only one.) Imber or Submission ID IB201 Ited with this application? In and attach FCC Form 159. If Noncommercial education:	7003225 No, indicate reason for fee exemptional licensee	n (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGV – Fixed Satellite VSAT	System		
5. Type Request O Use Prior to Grant O Change Station Location O Other				
6. Requested Use Prior 11/21/2017	or Date			
7. CityMultiple Locat	tions	8. Latitude (dd mm ss.s h)	0 0 0.0	

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: Narrative Attachment 2: Technical Appendix Attachment 3: Form 312 Schedule B				
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.) NULL				
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 Rick Benken	15. Title of Person Signing VP			
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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