

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
2018 E880834 STA

1. Applicant

Name:	Gray Television Licensee, LLC	Phone Number:	404-504-9828
DBA Name:		Fax Number:	
Street:	4370 Peachtree Road, NE	E-Mail:	
City:	Atlanta	State:	GA
Country:	USA	Zipcode:	30319 -
Attention:	Robert J. Folliard III		

2. Contact

Name:	Joan Stewart	Phone Number:	202-719-7438
Company:	Wiley Rein LLP	Fax Number:	
Street:	1776 K Street, NW	E-Mail:	jstewart@wileyrein.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
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 IB2018001215

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
05/01/2018

7. City Springfield

8. Latitude
(dd mm ss.s h) 0 0 0.0

9. State MO	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Special temporary authority is requested to continue operating E880834 while the renewal application (IB2018001215) is processed.</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 Robert J. Folliard III	15. Title of Person Signing Assistant Secretary
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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