APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Extension of E150010 STA Mod. App 5/29/2018

1. Applicant

Name: Hawaii Pacific Teleport, L.P. **Phone Number:** 808–674–9157

DBA Name: Fax Number: 808–674–1826

Street: P.O. Box 693 E-Mail: lsmith-ryland@hawaiiteleport.

com

City: Rumson State: NJ

Country: USA Zipcode: 07760 -

Attention: Ms Leeana A Smith–Ryland

| 2. Contact | t | | | | |
|--|-------------------|------------------------------------|--------------------|-------------------------------|--|
| | Name: | Frank R. Jazzo | Phone Number | r: 703–812–0470 | |
| | Company: | Fletcher, Heald & Hildreth, PLC | Fax Number: | 703-812-0486 | |
| | Street: | 1300 N 17th St. | E–Mail: | jazzo@fhhlaw.com | |
| | | 11th Floor | | | |
| | City: | Arlington | State: | VA | |
| | Country: | USA | Zipcode: | 22209 – | |
| | 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 SESSTA2018042000383 or Submission ID 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 Cla | assification (| CGX – Fixed Satellite Transmit/Rec | eive Earth Station | n | |
| 5. Type Request O Use Prior to Grant O Change Station Location O Other | | | | | |
| 6. Request | ed Use Prior I | Date | | | |
| 7. City | | | I | ntitude 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: Extension Request 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.) | | | | | | |
| Extension of STA | | | | | | |
| 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 Leeana A. Smith–Ryland | 15. Title of Person Signing Chief Executive Officer | | | | | |
| 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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