APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

int			
Name:	RBC Signals, LLC	Phone Number:	4048037734
DBA Name:		Fax Number:	
Street:	2205 152nd Ave NE	E-Mail:	crichins@rbcsignals.com
City:	Redmond	State:	WA
Country:	USA	Zipcode:	98052 –
Attention:	Mr. Christopher Richins		
	Name: DBA Name: Street: City: Country:	Name:RBC Signals, LLCDBA Name:2205 152nd Ave NEStreet:RedmondCity:RedmondUSA	Name:RBC Signals, LLCPhone Number:DBA Name:Fax Number:Street:2205 152nd Ave NEE-Mail:City:RedmondState:Country:USAZipcode:

2. Contact						
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Name:	Carlos M. Nalda	Phone Number:	5713325626			
Company:	LMI Advisors	Fax Number:				
Street:	2550 M Street NW	E–Mail:	cnalda@lmiadvisors.com			
	Suite 345					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20037 –			
Attention:		Relationship:	Other			
(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						
3. Reference File Number SESSTA2018030200176 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 Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request						
Use Prior to Grant Change Station Location Other						
6. Requested Use Prior I	Date					
06/10/2018						
7. CityDeadhorse		8. Latitud				
		(dd mm s	s.s h) 70 12 42.9 N			

9. State AK	10. Longitude (dd mm ss.s h) 148 26 15.2 W				
11. Please supply any need attachments.					
Attachment 1: NarrativeAttachment 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.)					
60-Day STA extension request.					
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 Christopher Richins	15. Title of Person Signing CEO				
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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