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 to Support Kuspuk School District

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	:	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	ted with this application? and attach FCC Form 159. If Noncommercial educ	or Submission ID No, indicate reason for fee exemption	n (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station				
5. Type Request Use Prior to Grant Change Station Location Other				
6. Requested Use Prio 08/28/2018	or Date			
7. CityVarious		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: Technica	al 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.)				
60-day 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 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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