

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Renewal of Global 1-4 earth station STA p

**1. Applicant**

<b>Name:</b>	BlackSky Global, LLC	<b>Phone Number:</b>	206-399-2325
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1505 Westlake Ave. North, Ste 600	<b>E-Mail:</b>	khloptsidis@SpaceflightIndustries.com
<b>City:</b>	Seattle	<b>State:</b>	WA
<b>Country:</b>	USA	<b>Zipcode:</b>	98109 -
<b>Attention:</b>	Ms Kristina Hloptsidis		

**2. Contact**

<b>Name:</b>	Jonathan L. Wiener	<b>Phone Number:</b>	703-216-9224
<b>Company:</b>	Goldberg, Godles, Wiener & Wright LLP	<b>Fax Number:</b>	
<b>Street:</b>	1025 Connecticut Ave, NW Ste 1000	<b>E-Mail:</b>	jwiener@g2w2.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>		<b>Relationship:</b>	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 SESLIC2018060701260 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 Date  
01/17/2019

7. CityNorth Pole	8. Latitude (dd mm ss.s h) 64 47 37.0 N
9. State AK	10. Longitude (dd mm ss.s h) 147 32 10.0 W
11. Please supply any need attachments. Attachment 1: 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: 5px 0;"><p>STA to extend temporary operation granted Nov 15, 2018 (FCC File No. SES-STA-20181024-03112), due to expire Jan 17, 2019.</p></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. <span style="float: right;"><input checked="" type="radio"/> Yes      <input type="radio"/> No</span>	
14. Name of Person Signing Peter Hisken	15. Title of Person Signing Senior Legal Counsel
<b>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).</b>	

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