APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for Kotlik, AK (E020088)

1. Applicant

Name: GCI Communication Corp. Phone Number: 907–868–5615

DBA Name: Fax Number: 907–868–9817

Street: 2550 Denali St, Ste 1000 E-Mail: gcilicensemanager@gci.com

City: Anchorage State: AK

Country: USA **Zipcode:** 99503 –2737

Attention: Ms Cynthia L Hall

2. Contact				
Name:	GCI Communication Corp.	Phone Number:	907-868-5615	
Company	:	Fax Number:	907–868–9817	
Street:	2550 Denali St, Ste 1000	E–Mail:	chall2@gci.com	
City:	Anchorage	State:	AK	
Country:	USA	Zipcode:	99503 –2737	
Attention	:	Relationship:	Same	
application. Please en 3. Reference File Nu 4a. Is a fee submit		1415	on (see 47 C.F.R.Section 1.1114).	
=	ntity Noncommercial education		,	
Other(please expl				
4b. Fee Classification	CGX – Fixed Satellite Transmit/F	Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Price 05/10/2019	or Date			
7. CityKotlik		8. Latitude (dd mm ss.s h)	8. Latitude (dd mm ss.s h) 63 2 7.76 N	

9. State AK	10. Longitude (dd mm ss.s h) 163 31 55.49 W			
	(dd iiiii 58.5 ii) 103 31 33.47 W			
11. Please supply any need attachments.				
Attachment 1: Exhibit A 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.)				
Point to point data network				
•				
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No				
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.				
see 17 er it 1.2002(0) for the meaning of equot, party to the appreciate	mediati, for these purposes.			
14 Name of Person Signing	15. Title of Person Signing			
14. Name of Person Signing Chris Mace	VP, Network Services and Chief Engineer			
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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