APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal of Summerset (E150098) STA for EchoStar 23

1. Applicant								
	Name: DBA Name:	EchoStar Operating L.L.C.	Phone Number: Fax Number:	301-428-5893				
	Street:	100 Inverness Terrace East	E-Mail:					
	City: Country: Attention:	Englewood USA Jennifer Manner	State: Zipcode:	CO 80112 –				

2. Contact							
Name	Jennifer A. Manne	r Phone N	umber:	301-428-5893			
Comp	any: EchoStar Operatin	g L.L.C. Fax Nun	iber:				
Street	: 11717 Exploration	Lane E–Mail:		jennifer.manner@echostar.ccom			
City:	Germantown	State:		MD			
Count	ry: USA	Zipcode		20876 –			
Atten	tion:	Relation	ship:	Same			
 (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 SESMFS2019021400091 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 Ise Prior to Grant Change Station Location Other							
6. Requested Use 06/18/2019							

7. CitySummerset	8. Latitude (dd mm ss.s h) 44 11 14.4 N					
9. State SD	10. Longitude (dd mm ss.s h) 103 20 9.6 W					
11. Please supply any need attachments.						
Attachment 1: 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.)						
Seeking renewal of special temporary authority to operate earth station for TT&C and feeder link communications with the EchoStar 23 satellite during its relocation to, and operations at, 72.6 W.L. See Attachment 1.						
14. Name of Person Signing Jennifer A. Manner	15. Title of Person Signing Senior Vice President, Regulatory Affairs					
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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