APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 30–Day STA Request to Operate LABF to Deorbit T4S

1. Applicant

Name: DIRECTV Enterprises, LLC Phone Number:

310-964-4996

DBA Name:

Fax Number:

Street: 1120 20th Street, NW

E-Mail:

spdulac@att.com

Suite 1000

City: Washington

State:

Country: USA

Zipcode:

20036

DC

Attention:

Steve Dulac

| 2. Contact | | | | | | |
|---|--|---|-----------|--|------------------------------|--|
| Nar | ne: | Daniel Brooks | Phone Nu | ımber: | 202-719-4183 | |
| Cor | npany: | Wiley Rein LLP | Fax Num | ber: | 202-719-7049 | |
| Stre | eet: | 1776 K Street, NW | E-Mail: | | dbrooks@wileyrein.com | |
| City | y: | Washington | State: | | DC | |
| Cou | intry: | USA | Zipcode: | | 20006 – | |
| Atto | ention: | | Relations | ship: | Legal Counsel | |
| 4a. Is a fee s If Yes, com | submitted value of the | vith this application? uttach FCC Form 159. If No Noncommercial educa | | for fee exemption (se | ee 47 C.F.R.Section 1.1114). | |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station | | | | | | |
| 5. Type Reques | st | | | | | |
| Use Prior to Grant Change Station Location Other | | | | | | |
| 6. Requested U | Jse Prior Da | nte | | | | |
| 7. CityBakersfield | | | | 8. Latitude (dd mm ss.s h) 35 18 33.9 N | | |

| 9. State CA | 10. Longitude (dd mm ss.s h) 119 4 35.5 W | | | | | |
|---|--|--|--|--|--|--|
| 11. Please supply any need attachments. | | | | | | |
| Attachment 1: Narrative 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.) | | | | | | |
| DIRECTV Enterprises, LLC requests a grant of special temporary authority for 30 days commencing September 10, 2019 to operate its Bakersfield, California earth station (Call Sign E170103) to deorbit its T4S satellite (Call Sign S2430). | | | | | | |
| 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 Steve Dulac | 15. Title of Person Signing Director, Content Technology & Regulatory Policy | | | | | |
| 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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