## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 30-day STA to add second set of electrically-identical, co-located antennas in Dublin OH

1. Applicant							
Name:	Haras Development	Phone Number:	800-927-9800				
DBA Na	ame:	Fax Number:					
Street:	251 Little Falls Dr.	E-Mail:	haras.development@outlook.com				
City:	Wilmington	State:	DE				
Country	v: USA	Zipcode:	19808 –				
Attentio	on: A. Miller						

2. Contact						
Na	ame:	A. Miller	Phone N	<b>Phone Number:</b> 618–401–9921		1–9921
Co	ompany:	Haras Development	Fax Num	iber:		
St	reet:	251 Little Falls Dr.	E–Mail:		haras.development@outlook.com	
Ci	ity:	Wilmington	State:		DE	
Co	ountry:	USA	Zipcode:		19808 –	
At	Attention:		Relations	ship:	Engineer	
<ul> <li>(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.)</li> <li>3. Reference File Number SESLIC2018081602287 or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>						
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						

7. CityDublin	8. Latitude (dd mm ss.s h) 0 0 0.0 N						
9. State OH	10. Longitude (dd mm ss.s h) 0 0 0.0 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.)							
Applicant requests 30 day STA to add a second set of electrically-identical co-located antennas. Please see attached narrative.							
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 A. Miller	15. Title of Person Signing 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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