

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Merrillan WI Ka Gateway Respacing STA Request

1. Applicant

| | | | |
|-------------------|-----------------------|----------------------|----------------------------|
| Name: | SpaceX Services, Inc. | Phone Number: | 202-649-2700 |
| DBA Name: | | Fax Number: | |
| Street: | 1155 F Street, N.W. | E-Mail: | patricia.cooper@spacex.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20004 - |
| Attention: | Ms Patricia Cooper | | |

2. Contact

| | | | |
|-------------------|---------------------------------|----------------------|-----------------------|
| Name: | William M. Wiltshire | Phone Number: | 202-730-1350 |
| Company: | Harris, Wiltshire & Grannis LLP | Fax Number: | 202-730-1301 |
| Street: | 1919 M Street, NW Suite 800 | E-Mail: | wwiltshire@hwglaw.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20036 - |
| Attention: | | Relationship: | 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 SESLIC2019090601171 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
10/17/2019

7. CityMerrillan

8. Latitude
(dd mm ss.s h) 44 24 22.8 N

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