

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
30-Day STA Extension Request to Operate CRBC to Deorbit T4S

**1. Applicant**

<b>Name:</b>	DIRECTV Enterprises, LLC	<b>Phone Number:</b>	310-964-4996
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1120 20th Street, NW Suite 1000	<b>E-Mail:</b>	spdulac@att.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>	Steve Dulac		

**2. Contact**

<b>Name:</b>	Daniel Brooks	<b>Phone Number:</b>	202-719-4183
<b>Company:</b>	Wiley Rein LLP	<b>Fax Number:</b>	202-719-7049
<b>Street:</b>	1776 K Street, NW	<b>E-Mail:</b>	dbrooks@wileyrein.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20006 -
<b>Attention:</b>		<b>Relationship:</b>	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 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

7. City Castle Rock

8. Latitude  
(dd mm ss.s h) 39 16 38.1 N



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