

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
60 day STA – Ka-band Antenna – E2262 – Nulato

**1. Applicant**

|                   |                                    |                      |                         |
|-------------------|------------------------------------|----------------------|-------------------------|
| <b>Name:</b>      | Alascom, Inc.                      | <b>Phone Number:</b> | 202-457-3032            |
| <b>DBA Name:</b>  |                                    | <b>Fax Number:</b>   | 202-457-3071            |
| <b>Street:</b>    | 1120 20th Street, NW<br>Suite 1000 | <b>E-Mail:</b>       | jackie.flemming@att.com |
| <b>City:</b>      | Washington                         | <b>State:</b>        | DC                      |
| <b>Country:</b>   | USA                                | <b>Zipcode:</b>      | 20036 –                 |
| <b>Attention:</b> | Jacquelyne Flemming                |                      |                         |

|   |  |
|---|--|
| <b>2. Contact</b>   |  |
| <b>Name:</b> Scott Wood   | <b>Phone Number:</b> 907-264-7869          |
| <b>Company:</b> Alascom, Inc.   | <b>Fax Number:</b>                         |
| <b>Street:</b> 505 E. Bluff<br>MP288  | <b>E-Mail:</b>                             |
| <b>City:</b> Anchorage  | <b>State:</b> AK                           |
| <b>Country:</b> USA   | <b>Zipcode:</b> 99501 -                    |
| <b>Attention:</b>   | <b>Relationship:</b>                       |
| (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 SESMODINTR201903969 or Submission ID   |  |
| 4a. Is a fee submitted with this application?   |  |
| <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).                                    |  |
| <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee  |  |
| <input type="radio"/> Other(please explain):  |  |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station   |  |
| 5. Type Request   |  |
| <input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other   |  |
| 6. Requested Use Prior Date   |  |
| 7. CityNulato   | 8. Latitude<br>(dd mm ss.s h) 64 43 50.7 N |

|   |  |
|---|--|
| 9. State AK   | 10. Longitude<br>(dd mm ss.s h) 158 6 47.0 W             |
| 11. Please supply any need attachments.<br>Attachment 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.)<br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Applicant requests 60 day STA to construct and operate a new Ka-band earth station antenna. See Call Sign E2262. See SES-MOD-INTR2019-03969.</div>   |  |
| 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. <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> |  |
| 14. Name of Person Signing<br>Chris Brown   | 15. Title of Person Signing<br>Director Network Services |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).   |  |

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