## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–day renewal of STA to operate electrically identical antenna

1. Applicant							
Nan	ne:	Maris Developments	Phone Number:	800-927-9800			
DBA	DBA Name:		Fax Number:				
Stre	eet:	251 Little Falls Dr.	E-Mail:	maris.developments@outlook.com			
City	:	Wilmington	State:	DE			
Cou	ntry:	USA	Zipcode:	19808 –			
Atte	ention:	A. Miller					

2. Contact								
	Name:	A. Miller	Phone N	umber:	618–401–9921			
	Company:	Maris Developments	Fax Num	lber:				
	Street:	251 Little Falls Dr.	E–Mail:		maris.developments@outlook.com			
	City:	Wilmington	State:		DE			
	Country:	USA	Zipcode:		19808 –			
	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 SESSTA2019102901375 or Submission ID</li> </ul>								
4a. Is a fee submitted with this application?								
<del>•</del>	-	attach FCC Form 159. If No,		for fee exemption (see 4	7 C.F.R.Section 1.1114).			
		• • Noncommercial educatio	nal licensee					
O 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. CityBoardman		8. Latitude (dd mm ss.s h) 0 0 0.0					
9. State OR		10. Longitude (dd mm ss.s h) 0 0 0	0.0				
11. Please supply any need attachr	11. Please supply any need attachments.						
Attachment 1:	Attachment 2:	А	ttachment 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.)							
Per FCC Rule 1.62, Applicant requests a 60-day renewal of STA to add and operate a pair of electrically identical antenna. See SES-STA-20191029-01375 and SES-MOD-20191121-01544.							
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	g				
(U.S. Code, T	TEMENTS MADE ON THIS FORM itle 18, Section 1001), AND/OR REV Title 47, Section 312(a)(1)), AND/OF	OCATION OF ANY STAT	TON AUTHORIZATION				

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