

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Request for Extension of Saipan STA

**1. Applicant**

<b>Name:</b>	Hawaii Pacific Teleport, L.P.	<b>Phone Number:</b>	808-674-9157
<b>DBA Name:</b>		<b>Fax Number:</b>	808-674-1826
<b>Street:</b>	P.O. Box 429	<b>E-Mail:</b>	lsmith-ryland@hawaiiiteleport.com
<b>City:</b>	Makawao	<b>State:</b>	HI
<b>Country:</b>	USA	<b>Zipcode:</b>	96768 -
<b>Attention:</b>	Ms Leana A Smith-Ryland		

**2. Contact**

<b>Name:</b>	Paul Feldman	<b>Phone Number:</b>	7038120403
<b>Company:</b>	Fletcher Heald & Hildreth	<b>Fax Number:</b>	7038120486
<b>Street:</b>	1300 N. 17th St. 11th Fl.	<b>E-Mail:</b>	feldman@fhhlaw.com
<b>City:</b>	Arlington	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	22209 -
<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 SESLIC2019030500258 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

04/29/2020

7. City Gualo Rai

8. Latitude

(dd mm ss.s h) 15 7 41.1 N

9. State MP	10. Longitude (dd mm ss.s h) 145 43 23.6 W
11. Please supply any need attachments. 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Hawaii Pacific Teleport, L.P., requests extension of Special Temporary Authority to continue to operate an earth station at Gualo Rai, Saipan.</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 Leeana Smith-Ryland	15. Title of Person Signing CEO
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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