APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E070014 – Oct20 30 Day STA Renewal

1. Applicant

Name: EchoStar BSS Corporation Phone Number: 202–463–3709

DBA Name: Fax Number:

Street: 1110 Vermont Ave NW E–Mail: Alison.Minea@dish.com

Suite 750

City: Washington State: DC

Country: USA Zipcode: 20005 -

Attention: Alison Minea

| 2. Contact | | | | |
|--|--|---|-----------------------------------|--|
| Name: | EchoStar BSS Corporation | Phone Number: | 202-463-3709 | |
| Company: | | Fax Number: | | |
| Street: | 1110 Vermont Ave NW | E–Mail: | Alison.Minea@dish.com | |
| | Suite 750 | | | |
| City: | Washington | State: | DC | |
| Country: | USA | Zipcode: | 20005 – | |
| Attention: | | Relationship: | | |
| | | | | |
| application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and | r only one.) ber SESSTA2020091101008 or Self with this application? d attach FCC Form 159. If No, if | Submission ID ndicate reason for fee exemption | on (see 47 C.F.R.Section 1.1114). | |
| 4b. Fee Classification | CGX – Fixed Satellite Transmit/I | Receive Earth Station | | |
| 5. Type Request | | | | |
| Use Prior to Grant Change Station Location Other | | | | |
| 6. Requested Use Prior 10/13/2020 | Date | | | |
| 7. CityGilbert | | 8. Latitude (dd mm ss.s h) 33 22 0.8 N | | |

| 9. State AZ | 10. Longitude (dd mm ss.s h) 111 48 54.7 W | | | |
|---|---|--|--|--|
| 11. Please supply any need attachments. | | | | |
| Attachment 1: Exhibit 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.) | | | | |
| Seeking renewal of 30−day special temporary authority to operate earth station for TT&C communications with the EchoStar 23 satellite for interim operations at 67.9 W.L. prior to its planned relocation and operations at 72.6 W.L. See Exhibit 1. | | | | |
| 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 Alison Minea | 15. Title of Person Signing Director & Senior Counsel, Regulatory Affairs | | | |
| 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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