APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA request for pending modification to E891020 to add extended Ku–band 13.75 – 14.0 GHz

1. Applicant						
Name	: Denali 20020, LLC	Phone Number:	509-689-1000			
DBA Name:		Fax Number:	509-689-3798			
Street	66 C Teleport Drive	E-Mail:	TOCC@usei-teleport.com			
City:	Brewster	State:	WA			
Coun	try: USA	Zipcode:	98812 –			
Atten	tion: Mr Darryl White					

2. Contact						
2. Contact						
Name:	Darryl White	Phone Number	509-689-1000			
Company:	Denali 20020, LLC	Fax Number:				
Street:	66 C Teleport Drive	E–Mail:	TOCC@usei-teleport.com			
City:	Brewster	State:	WA			
Country:	USA	Zipcode:	98812 –			
Attention:		Relationship:				
(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 IB2020003307						
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 I 11/09/2020	Date					
7. CityBrewster		8. Lat (dd m	itude m ss.s h) 48 8 47.5 N			

9. State WA	10. Longitude (dd mm ss.s h) 119 41 31.2 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.)					
STA for use prior to grant pending modification to E891020 to add the uplink spectrum of 13.75 -14.0 GHz and associated point of communication Amazonas 2, under Submission ID					
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 Darryl White	15. Title of Person Signing Manager				
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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