

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 Application (Hooper Bay)

1. Applicant

| | | | |
|-------------------|--|----------------------|-----------------------------|
| Name: | Alaska Communications Internet, LLC | Phone Number: | 907-297-3000 |
| DBA Name: | | Fax Number: | 907-297-3153 |
| Street: | 600 Telephone Avenue MS #60 | E-Mail: | Lisa.Phillips@acsalaska.com |
| City: | Anchorage | State: | AK |
| Country: | USA | Zipcode: | 90503 - |
| Attention: | Ms Lisa Phillips | | |

| | |
|--|--|
| 2. Contact | |
| Name: Richard Cameron | Phone Number: 2022304962 |
| Company: LMI Advisors | Fax Number: |
| Street: 2550 M Street NW Suite 300 | E-Mail: rcameron@lmiadvisors.com |
| City: Washington | State: DC |
| Country: USA | Zipcode: 20037 - |
| Attention: | Relationship: Other |
| (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 | |
| 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 11/30/2020 | |
| 7. CityHooper Bay | 8. Latitude (dd mm ss.s h) 61 31 40.0 N |

| | |
|--|--|
| 9. State AK | 10. Longitude (dd mm ss.s h) 166 6 22.5 W |
| 11. Please supply any need attachments. Attachment 1: Narrative Attachment 2: Technical Appendix Attachment 3: Draft 312 Schedule B | |
| 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;">60-Day STA Application (Hooper Bay)</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. | |
| 14. Name of Person Signing Rick Benken | 15. Title of Person Signing VP |
| 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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