APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 30–Day STA to add Capella space stations under new application

1. Applicant							
	Name:	Moynk Properties, LLC	Phone Number:	800-927-9800			
	DBA Name:		Fax Number:				
	Street:	251 Little Falls Dr.	E-Mail:	information@moynkproperties. com			
	City:	Wilmington	State:	DE			
	Country:	USA	Zipcode:	19808 –			
	Attention:						

2. Contact								
Name:	K. McCarty	Phone Nu	ımber:	800-927-9800				
Company:	Moynk Properties, LLC	Fax Num	ber:					
Street:	251 Little Falls Dr.	E–Mail:		information@moynkproperties. com				
City:	Wilmington	State:		DE				
Country:	USA	Zipcode:		19808 –				
Attention:		Relations	hip:	Engineer				
(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	Use Prior to Grant Change Station Location Other							
6. Requested Use Prior I	Date							
7. CityKapolei			8. Latitude (dd mm ss.s h) 0 0 0.0					

9. State HI	10. Longitude (dd mm ss.s h) 0 0 0.0					
11. Please supply any need attachments.	•					
Attachment 1: NarrativeAttachment 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.)						
Applicant requests 30-day STA to add Call Sig communication to Call Sign E202006. Please se						
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 K. McCarty	15. Title of Person Signing Engineer					
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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