

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Athena STA 180 day Hawaii

1. Applicant

| | | | |
|-------------------|-------------------------------|----------------------|----------------------|
| Name: | Universal Space Network, Inc. | Phone Number: | 215-328-9130 |
| DBA Name: | | Fax Number: | 215-328-9132 |
| Street: | 417 Caredean Drive Suite A | E-Mail: | jgreet@uspacenet.com |
| City: | Horsham | State: | PA |
| Country: | USA | Zipcode: | 19044 - |
| Attention: | Joanne Greet | | |

| | | | |
|--|-------------------------------|--|----------------------|
| 2. Contact | | | |
| Name: | Universal Space Network, Inc. | Phone Number: | 215-328-9130 |
| Company: | | Fax Number: | 215-328-9132 |
| Street: | 417 Caredean Drive | E-Mail: | jgreet@uspacenet.com |
| | Suite A | | |
| City: | Horsham | State: | PA |
| Country: | USA | Zipcode: | 19044 - |
| Attention: | | Relationship: | Same |
| (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 SESSTA2020111001236 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 | | | |
| 7. City Naalehu | | 8. Latitude (dd mm ss.s h) 19 0 49.6 N | |

| | |
|--|---|
| 9. State HI | 10. Longitude (dd mm ss.s h) 155 39 46.6 W |
| 11. Please supply any need attachments. Attachment 1: FCC312 Attachment 2: Letter of Intent Attachment 3: Comsearch | |
| 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;"> Universal Space Network (USN) requests an STA for 180 days to allow its Hawaiian earth station to continue to communicate with the Athena satellite. The station is currently providing telemetry, tracking and control communications under SES-STA-20201110-01236. The authority sought here will allow Athena to continue to leverage the increased </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. Yes No | |
| 14. Name of Person Signing Joanne Greet | 15. Title of Person Signing Compliance 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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12. Description

Universal Space Network (USN) requests an STA for 180 days to allow its Hawaiian earth station to continue to communicate with the Athena satellite. The station is currently providing telemetry, tracking and control communications under SES-STA-20201110-01236. The authority sought here will allow Athena to continue to leverage the increased diversity of earth stations to accelerate and facilitate the satellite's objectives. It is requested that the above STA authority be extended until the commission takes action on this request.