## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA REDO

| Name:      | Red Dirt Communications, Inc | Phone Number: | 800-733-3478      |
|------------|------------------------------|---------------|-------------------|
| DBA Name:  |                              | Fax Number:   | 800-733-3478      |
| Street:    | 5103 S. Sheridan RD          | E-Mail:       | dennis@reddirt.tv |
|            | PMB #130                     |               |                   |
| City:      | Tulsa                        | State:        | ОК                |
| Country:   | USA                          | Zipcode:      | 74145 –           |
| Attention: | Dennis A Stacklin            |               |                   |

| [  |                               |                   |      |                   |  |  |  |
|--|-------------------------------|-------------------|------|-------------------|--|--|--|
| 2. Contact   |                               |                   |      |                   |  |  |  |
| Name:  | Dennis Stacklin               | Phone Numb        | Der: | 405-269-6759      |  |  |  |
| Company:   | Red Dirt Communications, INC. | Fax Number        | :    | 800-733-3478      |  |  |  |
| Street:  | 5103 S. Sheridan Rd           | E-Mail:           |      | dennis@reddirt.tv |  |  |  |
|  | PMB 130                       |                   |      |                   |  |  |  |
| City:  | Tulsa                         | State:            |      | OK                |  |  |  |
| Country:   | USA                           | Zipcode:          |      | 74145 –           |  |  |  |
| Attention:   |                               | Relationship      | :    | Same              |  |  |  |
|  |                               |                   |      |                   |  |  |  |
| <ul> <li>(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.)</li> <li>3. Reference File Number SESLIC2021042000721 or Submission ID</li> </ul> |                               |                   |      |                   |  |  |  |
| 4a. Is a fee submitted with this application?<br>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): MISFILED W/ WRONG CALL SIGN FEE PAID REM ID   |                               |                   |      |                   |  |  |  |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station  |                               |                   |      |                   |  |  |  |
| 5. Type Request  |                               |                   |      |                   |  |  |  |
| • Use Prior to Grant   | O Change                      | e Station Locatio | on   | O Other           |  |  |  |
| 6. Requested Use Prior I<br>05/06/2021   | Date                          |                   |      |                   |  |  |  |

| 7. CityVarious   | 8. Latitude<br>(dd mm ss.s h) 0 0 0.0         |  |  |  |  |  |
|--|---|--|--|--|--|--|
| 9. State OK  | 10. Longitude<br>(dd mm ss.s h) 0 0 0.0       |  |  |  |  |  |
| 11. Please supply any need attachments.         Attachment 1: Cover Letter       Attachment 2: Antenna         Attachment 3: FCCSTAFEE   |   |  |  |  |  |  |
| 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.)<br>STA for SES-LIC-20210420-00721 CALL SIGN E210101 - inadvertently let old license<br>(E05010070) expire because of Covid related issues- was unable to access records because<br>company was completely shut down.  |   |  |  |  |  |  |
| 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<br>Dennis Stacklin  | 15. Title of Person Signing<br>Vice President |  |  |  |  |  |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).  |   |  |  |  |  |  |

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