

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA request – CATG Fort Yukon

**1. Applicant**

|                   |                          |                      |                           |
|-------------------|--------------------------|----------------------|---------------------------|
| <b>Name:</b>      | GCI Communication Corp.  | <b>Phone Number:</b> | 907-868-5615              |
| <b>DBA Name:</b>  |                          | <b>Fax Number:</b>   | 907-868-9817              |
| <b>Street:</b>    | 2550 Denali St, Ste 1000 | <b>E-Mail:</b>       | gcilicensemanager@gci.com |
| <b>City:</b>      | Anchorage                | <b>State:</b>        | AK                        |
| <b>Country:</b>   | USA                      | <b>Zipcode:</b>      | 99503 -2737               |
| <b>Attention:</b> | Cindy Hall               |                      |                           |

|                                                                                                                                                                                                                                                                                                                                                            |                          |                                                    |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|----------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                          |                          |                                                    |                |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                               | GCI Communication Corp.  | <b>Phone Number:</b>                               | 907-868-5615   |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                            |                          | <b>Fax Number:</b>                                 | 907-868-9817   |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                             | 2550 Denali St, Ste 1000 | <b>E-Mail:</b>                                     | chall2@gci.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                               | Anchorage                | <b>State:</b>                                      | AK             |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                            | USA                      | <b>Zipcode:</b>                                    | 99503 -2737    |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                                                                          | LCAD License Manager     | <b>Relationship:</b>                               | 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.)<br>3. Reference File Number SESLIC2022060800624 or Submission ID                                                                                                     |                          |                                                    |                |
| 4a. Is a fee submitted with this application?<br><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other(please explain): |                          |                                                    |                |
| 4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                                                             |                          |                                                    |                |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input checked="" type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input type="radio"/> Other</span> </div>                                                                                             |                          |                                                    |                |
| 6. Requested Use Prior Date<br>07/07/2022                                                                                                                                                                                                                                                                                                                  |                          |                                                    |                |
| 7. CityFort Yukon                                                                                                                                                                                                                                                                                                                                          |                          | 8. Latitude<br>(dd mm ss.s h)    66   34   6.5   N |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 9. State AK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10. Longitude<br>(dd mm ss.s h) 145 14 43.2 W                        |
| 11. Please supply any need attachments.<br>Attachment 1: Exhibit A 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.)<br><div style="border: 1px solid black; padding: 5px;"> GCI Communication Corp GCI is seeking Special Temporary Authority STA to operate, for 60 days or less, pending a decision on its application for regular authority SES-LIC-20220608-00624 </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. <input checked="" type="radio"/> Yes <input type="radio"/> No |                                                                      |
| 14. Name of Person Signing<br>Chris Mace                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15. Title of Person Signing<br>VP, Network Services & Chief 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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