

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

DIRECTV MN Uplink STA Request

1. Applicant

Name:	DIRECTV Enterprises, LLC	Phone Number:	2022156975
DBA Name:		Fax Number:	
Street:	1120 20th Street, NW Suite 1000	E-Mail:	SFuller@directv.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Stacy Fuller		

2. Contact	
Name:	William M. Wiltshire
Company:	Harris, Wiltshire & Grannis LLP
Street:	1919 M Street, NW Suite 800
City:	Washington
Country:	USA
Attention:	
Phone Number:	2027301350
Fax Number:	
E-Mail:	wwiltshire@hwglaw.com
State:	DC
Zipcode:	20036 -
Relationship:	Legal Counsel
(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	
7. CityOakdale	8. Latitude (dd mm ss.s h) 44 59 35.2 N

9. State MN	10. Longitude (dd mm ss.s h) 92 58 43.5 W
11. Please supply any need attachments. Attachment 1: STA Request 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.) DIRECTV requests special temporary authority to operate two Ka-band earth stations in Minnesota.	
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 Stacy Fuller	15. Title of Person Signing Sr. Vice President
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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