

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA Extension Request for Mt Ayr, IN Gateway 08/03/2022

**1. Applicant**

|                   |                       |                      |                          |
|-------------------|-----------------------|----------------------|--------------------------|
| <b>Name:</b>      | SpaceX Services, Inc. | <b>Phone Number:</b> | 202-649-2700             |
| <b>DBA Name:</b>  |                       | <b>Fax Number:</b>   |                          |
| <b>Street:</b>    | 1155 F Street, N.W.   | <b>E-Mail:</b>       | david.goldman@spacex.com |
| <b>City:</b>      | Washington            | <b>State:</b>        | DC                       |
| <b>Country:</b>   | USA                   | <b>Zipcode:</b>      | 20004 -                  |
| <b>Attention:</b> | Mr. David Goldman     |                      |                          |

|                                                                                                                                                                                                                                                        |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                      |                                            |
| <b>Name:</b>                                                                                                                                                                                                                                           | SpaceX Services, Inc.                      |
| <b>Company:</b>                                                                                                                                                                                                                                        |                                            |
| <b>Street:</b>                                                                                                                                                                                                                                         | 22908 NE Alder Crest Dr                    |
| <b>City:</b>                                                                                                                                                                                                                                           | Redmond                                    |
| <b>Country:</b>                                                                                                                                                                                                                                        | USA                                        |
| <b>Attention:</b>                                                                                                                                                                                                                                      | David Liptsyn                              |
| <b>Phone Number:</b>                                                                                                                                                                                                                                   | 973-856-1385                               |
| <b>Fax Number:</b>                                                                                                                                                                                                                                     |                                            |
| <b>E-Mail:</b>                                                                                                                                                                                                                                         | david.liptsyn@spacex.com                   |
| <b>State:</b>                                                                                                                                                                                                                                          | WA                                         |
| <b>Zipcode:</b>                                                                                                                                                                                                                                        | 98053 -                                    |
| <b>Relationship:</b>                                                                                                                                                                                                                                   |                                            |
| (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 SESLIC2022051400506 or Submission ID                                                                                                                                                                                          |                                            |
| 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).<br>Governmental Entity Noncommercial educational licensee<br>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<br>09/02/2022                                                                                                                                                                                                              |                                            |
| 7. CityMt Ayr                                                                                                                                                                                                                                          | 8. Latitude<br>(dd mm ss.s h) 40 55 35.2 N |

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 9. State IN                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Longitude<br>(dd mm ss.s h) 87 17 43.3 W              |
| 11. Please supply any need attachments.<br>Attachment 1: STA Extension Reques 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: 10px; margin: 10px 0;"> SpaceX Services seeks Special Temporary Authority to operate earth stations to communicate with its NGS0 constellation. </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. |                                                           |
| 14. Name of Person Signing<br>David Goldman                                                                                                                                                                                                                                                                                                                                                                                                | 15. Title of Person Signing<br>Director, Satellite Policy |
| 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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