Approved by OMB
3060−0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:
60−Day STA Extension − Yukon Flats Rural Health Clinic

1. Applicant

Name:	Alaska Communications Internet, LLC	**Phone Number:**	907−297−3130
DBA Name:		**Fax Number:**	
Street:	600 Telephone Avenue	**E−Mail:**	regaffair@acsalaska.com
	MS #60		
City:	Anchorage	**State:**	AK
Country:	USA	**Zipcode:**	99515 −
Attention:	Lisa Phillips		

2. Contact

Name:	Richard Cameron	**Phone Number:**	202 230−4962
Company:	LMI Advisors LLC	**Fax Number:**	
Street:	2550 M St NW	E−Mail:	rcameron@lmiadvisors.com
	Suite 300		
City:	Washington	**State:**	DC
Country:	USA	**Zipcode:**	20037 −
Attention:	Richard Cameron	**Relationship:**	Other

(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 SESMFS2022080400834 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 08/29/2022	
7. CityFort Yukon	8. Latitude (dd mm ss.s h) 66 34 5.8 N

9. State AK	10. Longitude (dd mm ss.s h) 145 14 41.6 W

11. Please supply any need attachments.

Attachment 1: Narrative Attachment 2: Draft Form 312 Attachment 3: Coordination Report

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.)

60−Day STA to serve Yukon Flats Health Center at start of Rural Health Care Funding Year 2022. Application will be filed to add regular authority for the new earth station to Call Sign E170205.

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 Mark Ayers	15. Title of Person Signing Vice President, Engineering, Planning & Constr.

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