

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

60-day STA – Lower Yukon School District

**1. Applicant**

|                   |                                     |                      |                         |
|-------------------|-------------------------------------|----------------------|-------------------------|
| <b>Name:</b>      | Alaska Communications Internet, LLC | <b>Phone Number:</b> | 907-297-3130            |
| <b>DBA Name:</b>  |                                     | <b>Fax Number:</b>   |                         |
| <b>Street:</b>    | 600 Telephone Avenue<br>MS #60      | <b>E-Mail:</b>       | regaffair@acsalaska.com |
| <b>City:</b>      | Anchorage                           | <b>State:</b>        | AK                      |
| <b>Country:</b>   | USA                                 | <b>Zipcode:</b>      | 99515 –                 |
| <b>Attention:</b> | Lisa Phillips                       |                      |                         |

|                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------|--------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                           |                                                |                          |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                | Richard R. Cameron        | <b>Phone Number:</b>                           | 202-230-4962             |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                             | LMI Advisors LLC          | <b>Fax Number:</b>                             |                          |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                              | 2550 M St NW<br>Suite 300 | <b>E-Mail:</b>                                 | rcameron@lmiadvisors.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                | Washington                | <b>State:</b>                                  | DC                       |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                             | USA                       | <b>Zipcode:</b>                                | 20037 -                  |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                                                                           | Richard Cameron           | <b>Relationship:</b>                           | 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 or Submission ID IB2022003104                                                                                                                                                                                                                                                                                                      |                           |                                                |                          |
| 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>10/07/2022                                                                                                                                                                                                                                                                                                                   |                           |                                                |                          |
| 7. City Multiple                                                                                                                                                                                                                                                                                                                                            |                           | 8. Latitude<br>(dd mm ss.s h)    0    0    0.0 |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 9. State AK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10. Longitude<br>(dd mm ss.s h) 0 0 0.0                                        |
| 11. Please supply any need attachments.<br>Attachment 1: Legal Narrative                      Attachment 2: Form 312/Schedule B                      Attachment 3: Coord. Rpts./Rad Haz                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
| 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;"> Special Temporary Authority to serve the Lower Yukon School District pursuant to commitment of Emergency Connectivity Fund support. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes                      <input type="radio"/> No </div> |                                                                                |
| 14. Name of Person Signing<br>Mark Ayers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15. Title of Person Signing<br>Vice President, Engineering, Planning & Constr. |
| 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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