

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 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 MS #60	E-Mail:	regaffair@acsalaska.com
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	99515 –
Attention:	Lisa Phillips		

2. Contact	
Name: Richard R. Cameron Company: LMI Advisors Street: 2550 M St NW Suite 300 City: Washington Country: USA Attention: Richard R. Cameron	Phone Number: 202-230-4962 Fax Number: E-Mail: rcameron@lmiadvisors.com State: DC Zipcode: 20037 - 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 12/25/2022	
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 Descript. Attachment 2: Draft Form 312 Attachment 3: Coord./Rad Haz Study	
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 during Rural Health Care Funding Year 2022. Application to add regular authority for the new earth station to Call Sign E170205 is currently pending under SES-MFS-20220804-00834.	
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.
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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