

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Request to Extend STA for E060445

**1. Applicant**

|                   |                        |                      |                              |
|-------------------|------------------------|----------------------|------------------------------|
| <b>Name:</b>      | HNS License Sub, LLC   | <b>Phone Number:</b> | 301-428-5893                 |
| <b>DBA Name:</b>  |                        | <b>Fax Number:</b>   | 301-428-2818                 |
| <b>Street:</b>    | 11717 Exploration Lane | <b>E-Mail:</b>       | jennifer.manner@echostar.com |
| <b>City:</b>      | Germantown             | <b>State:</b>        | MD                           |
| <b>Country:</b>   | USA                    | <b>Zipcode:</b>      | 20876 -                      |
| <b>Attention:</b> | Jennifer Manner        |                      |                              |

|                                                                                                                                                                                                                                                                                                                                                            |                        |                                                |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------|------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                          |                        |                                                |                              |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                               | Jennifer Manner        | <b>Phone Number:</b>                           | 301-428-5893                 |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                            | HNS License Sub, LLC   | <b>Fax Number:</b>                             | 301-428-2818                 |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                             | 11717 Exploration Lane | <b>E-Mail:</b>                                 | jennifer.manner@echostar.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                               | Germantown             | <b>State:</b>                                  | MD                           |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                            | USA                    | <b>Zipcode:</b>                                | 20876    -                   |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                                                                          |                        | <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 SESSTA2022112801283 or Submission ID                                                                                                                                                                                                                                                                                              |                        |                                                |                              |
| 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 type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input checked="" type="radio"/> Other</span> </div>                                                                                             |                        |                                                |                              |
| 6. Requested Use Prior Date<br>01/10/2023                                                                                                                                                                                                                                                                                                                  |                        |                                                |                              |
| 7. City                                                                                                                                                                                                                                                                                                                                                    |                        | 8. Latitude<br>(dd mm ss.s h)    0    0    0.0 |                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 9. State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10. Longitude<br>(dd mm ss.s h) 0 0 0.0                                  |
| 11. Please supply any need attachments.<br>Attachment 1: Exhibit 1–Narrative                      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;"> Seeking 180&amp;#8722;day extension of STA to operate four user terminals for communications with the EchoStar XIX satellite until July 9, 2023. See Exhibit 1. </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 &quot;party to the application&quot; for these purposes. <div style="text-align: right;"> <input checked="" type="radio"/> Yes                      <input type="radio"/> No </div> |                                                                          |
| 14. Name of Person Signing<br>Jennifer A. Manner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15. Title of Person Signing<br>Senior Vice President, Regulatory Affairs |
| 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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