

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Truth or Consequence STA Request

1. Applicant

Name:	Isotropic Networks, Inc.	Phone Number:	262-248-9600
DBA Name:		Fax Number:	262-248-8100
Street:	2492 Crest Drive	E-Mail:	hank.zbierski@isotropic.network
City:	Lake Geneva	State:	WI
Country:	USA	Zipcode:	53147 -
Attention:	Hank Zbierski		

2. Contact			
Name:	George V. John	Phone Number:	202-637-6989
Company:	Hogan Lovells US LLP	Fax Number:	
Street:	555 Thirteenth Street NW	E-Mail:	george.john@hoganlovells.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -
Attention:		Relationship:	Legal Counsel
(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			
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			
5. Type Request ☐ Use Prior to Grant ☐ Change Station Location ☒ Other			
6. Requested Use Prior Date			
7. City Truth or Consequence		8. Latitude (dd mm ss.s h) 32 59 47.0 N	

9. State NM	10. Longitude (dd mm ss.s h) 106 59 2.8 W
11. Please supply any need attachments. Attachment 1: STA Request 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.) Isotropic requests 30-day special temporary authority to operate a 3.8m antenna that will communicate with the FCC-authorized Hispasat Amazonas Nexus satellite at 61.0 W.L.	
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 Hank Zbierski	15. Title of Person Signing Chief Executive Officer
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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