APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: CoverEDGE Earth Station STA

1. Applicant

Name: CoverEdge, Inc. Phone Number: 702–795–3343

DBA Name: Fax Number: 702–795–3828

Street: P. O. Box 14925 E-Mail: engineering@coveredge.com

City: Las Vegas State: NV

Country: USA Zipcode: 89114 -

Attention: Mr Richard Travis

2. Contact				
Name:	CoverEdge, Inc.	Phone Number:	702–795–3343	
Compan	y:	Fax Number:	702–795–3828	
Street:	P. O. Box 14925	E–Mail:	engineering@coveredge.com	
City:	Las Vegas	State:	NV	
Country	: USA	Zipcode:	89114 –	
Attention	n: Mr Tracey L Frohn	Relationship:		
application. Please e 3. Reference File No			e file number or the IB Submission ID of the related	
If Yes, complete	and attach FCC Form 159. If I	No, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
Governmental E	ntity Noncommercial educ	cational licensee		
Other(please exp	olain):			
4b. Fee Classification	n CGX – Fixed Satellite Transi	mit/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Pri 04/03/2012	ior Date			
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0	

9. State	10. Longitude				
	(dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: 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.)					
We have been leasing another vendors Earth Station since 2005 (Schulman Mobile Video, File					
Number					
13. By checking Ves, the undersigned certifies that neither applicant nor	any other party to the application is				
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.					
14. Name of Person Signing	15. Title of Person Signing				
Tracey L Frohn	Chief Engineer				
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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