APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–Day STA for TT&C

| 1. Applicant | | | | | | | |
|--------------|-----------|-------------------------|---------------|-------------------------|--|--|--|
| Nai | me: | RBC Signals, LLC | Phone Number: | 404-803-7734 | | | |
| DB | DBA Name: | | Fax Number: | | | | |
| Str | eet: | 2205 152nd Ave NE | E-Mail: | crichins@rbcsignals.com | | | |
| | | | | | | | |
| City | y: | Redmond | State: | WA | | | |
| Cou | untry: | USA | Zipcode: | 98052 – | | | |
| Att | ention: | Mr. Christopher Richins | | | | | |
| | | | | | | | |

| 2. Contact | | | | | | |
|--|-----------------------------------|----------------------|------------------------|--|--|--|
| Name: | Carlos Nalda | Phone Number: | 5713325626 | | | |
| Company: | LMI Advisors | Fax Number: | | | | |
| Street: | 2550 M Street NW | E-Mail: | cnalda@lmiadvisors.com | | | |
| | Suite 345 | | | | | |
| City: | Washington | State: | DC | | | |
| Country: | USA | Zipcode: | 20037 – | | | |
| Attention: | | 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 | | | | | | |
| 3. Reference File Number SESSTA2018033000293 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 | | | | | | |
| * | Y | rneensee | | | | |
| • Other(please explain): | | | | | | |
| 4b. Fee Classification | CGX – Fixed Satellite Transmit/Re | ceive Earth Station | | | | |
| 5. Type Request | | | | | | |
| | | | | | | |
| Use Prior to Grant O Change Station Location O Other | | | | | | |
| | | | | | | |
| 6. Requested Use Prior I | Date | | | | | |
| 06/08/2018 | | | | | | |
| 7. CityDeadhorse | | 8. Latitu | | | | |
| | | (dd mm | ss.s h) 70 12 42.9 N | | | |

| 9. State AK | 10. Longitude (dd mm ss.s h) 148 26 15.2 W | | | | | | |
|---|---|--|--|--|--|--|--|
| 11. Please supply any need attachments. | | | | | | | |
| Attachment 1: NarrativeAttachment 2: Technic | al Appendix 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.) | | | | | | | |
| 60-day STA request to provide TT&C for CICERO mission. | | | | | | | |
| 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 Christopher Richins | 15. Title of Person Signing CEO | | | | | | |
| 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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