

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Rose-1 STA

1. Applicant

| | | | |
|-------------------|------------------------|----------------------|----------------------|
| Name: | Astro Digital US, Inc. | Phone Number: | 650-919-4032 |
| DBA Name: | | Fax Number: | |
| Street: | 3171 Jay Street | E-Mail: | jan@astrodigital.com |
| City: | Santa Clara | State: | CA |
| Country: | USA | Zipcode: | 95054 - |
| Attention: | Mr Jan A King | | |

2. Contact

| | | | |
|-------------------|----------------------|----------------------|---------------------------|
| Name: | Tony Lin | Phone Number: | 202-637-5795 |
| Company: | Hogan Lovells US LLP | Fax Number: | |
| Street: | 555 13th St, NW | E-Mail: | tony.lin@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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

7. City Santa Clara

8. Latitude
(dd mm ss.s h) 37 22 48.0 N

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