APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–day STA Extension (Silver Bay)

1. Applicant

Name: Alaska Communications Internet, **Phone Number:** 907–297–3000

LLC

DBA Name: Fax Number: 907–297–3153

Street: 600 Telephone Avenue E–Mail: Lisa.Phillips@acsalaska.com

MS #60

City: Anchorage State: AK

Country: USA Zipcode: 90503 -

Attention: Ms Lisa Phillips

2. Contact			
Name:	Richard Cameron	Phone Number:	2022304962
Company:	LMI Advisors	Fax Number:	
Street:	2550 M Street. MW	E–Mail:	rcameron@lmiadvisors.com
	Suite 319		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20037 –
Attention:		Relationship:	Other
4a. Is a fee submitted If Yes, complete and Governmental Entir Other(please explain	ber SESSTA2019021100110 d with this application? d attach FCC Form 159. If N ty Noncommercial education:	To, indicate reason for fee exemptionational licensee	n (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGX – Fixed Satellite Transn	nit/Receive Earth Station	
5. Type Request			
Use Prior to Grant	0 (Change Station Location	O Other
6. Requested Use Prior 04/23/2019	Date		
7. CitySilver Bay False	Pass	8. Latitude (dd mm ss.s h)	54 51 54.0 N

9. State AK	10 T anaim da			
9. State AK	10. Longitude (dd mm ss.s h) 163 24 42.2 W			
	(dd IIIII 88.8 II) 103 24 42.2 W			
11. Please supply any need attachments.				
Attachment 1: Narrative Attachment 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 to continue operations at Silver Bay False Pass.				
13. By checking Yes, the undersigned certifies that neither applicant nor	any other party to the application is Yes No			
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			
Rick Benken	VP			
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).				

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.