

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
60-Day STA Request

**1. Applicant**

<b>Name:</b>	SpeedCast Communications Inc	<b>Phone Number:</b>	346-274-0629
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	4400 S. Sam Houston Parkway Ea	<b>E-Mail:</b>	leanne.young@speedcast.com
<b>City:</b>	Houston	<b>State:</b>	TX
<b>Country:</b>	USA	<b>Zipcode:</b>	77048 -
<b>Attention:</b>	Ms. Leanne Young		

<b>2. Contact</b>	
<b>Name:</b> Richard Cameron	<b>Phone Number:</b> 2022304962
<b>Company:</b> LMI Advisors	<b>Fax Number:</b>
<b>Street:</b> 2550 M Street NW Suite 343	<b>E-Mail:</b> rcameron@lmiadvisors.com
<b>City:</b> Washington	<b>State:</b> DC
<b>Country:</b> USA	<b>Zipcode:</b> 20037 -
<b>Attention:</b>	<b>Relationship:</b> 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 only one.)	
3. Reference File Number or Submission ID	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other(please explain):	
4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 08/19/2019	
7. City Various	8. Latitude (dd mm ss.s h) 0 0 0.0



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