

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
North Bend WA Ku Gateway Respacing STA Request

**1. Applicant**

<b>Name:</b>	SpaceX Services, Inc.	<b>Phone Number:</b>	202-649-2700
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1155 F Street, N.W.	<b>E-Mail:</b>	patricia.cooper@spacex.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004 -
<b>Attention:</b>	Ms Patricia Cooper		

**2. Contact**

<b>Name:</b>	William M. Wiltshire	<b>Phone Number:</b>	202-730-1350
<b>Company:</b>	Harris, Wiltshire & Grannis LLP	<b>Fax Number:</b>	202-730-1301
<b>Street:</b>	1919 M Street, NW Suite 800	<b>E-Mail:</b>	wwiltshire@hwglaw.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>		<b>Relationship:</b>	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 SESLIC2019040200451 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  
10/17/2019

7. City North Bend

8. Latitude  
(dd mm ss.s h) 47 28 56.8 N



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