## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: HDX 5 STA

1. Applicant

Name: Live Mobile Group LLC **Phone Number:** 615–431–1400

DBA Name: Fax Number:

Street: 515 Brick Church Park Dr. E–Mail: rob@tndv.com

City: Nashville State: TN

Country: USA Zipcode: 37207 -

**Attention:** Mr Rob Devlin

2. Contact				
Name:	Robert Adler	Phone Number:	8188809800	
Company:	Live Mobile Group LLC	Fax Number:		
Street:	515 Brick Church Park Dr.	E–Mail:	bob@cmgnow.com	
City:	Nashville	State:	TN	
Country:	USA	Zipcode:	37207 –	
Attention:		Relationship:	Engineer	
application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	r only one.) ber SESLIC2019100301268 or S d with this application? d attach FCC Form 159. If No, if y Noncommercial education n):	ubmission ID  Indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
	CGX – Fixed Satellite Transmit/I	Receive Earth Station		
5. Type Request  O Use Prior to Grant  O Change Station Location  O Other				
6. Requested Use Prior 10/09/2019	Date			
7. CityVarious CONUS		8. Latitude (dd mm ss.s h)		

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: Attachment 2:	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.)				
This request is for a newly built production SNG with multiple broadcast bookings. Live Mobile seeks Special Temporary Authority to operate while the Commission considers its 10/3/2019 312 application for Ku.				
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 Robert Adler	15. Title of Person Signing VP Transmission			
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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