

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
30-Day STA Second Extension Request to Operate LABF to Deorbit T4S

**1. Applicant**

<b>Name:</b>	DIRECTV Enterprises, LLC	<b>Phone Number:</b>	310-964-4996
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1120 20th Street, NW Suite 1000	<b>E-Mail:</b>	spdulac@att.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>	Steve Dulac		

**2. Contact**

<b>Name:</b>	Daniel Brooks	<b>Phone Number:</b>	202-719-4183
<b>Company:</b>	Wiley Rein LLP	<b>Fax Number:</b>	202-719-7049
<b>Street:</b>	1776 K Street, NW	<b>E-Mail:</b>	dbrooks@wileyrein.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20006 -
<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 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 Bakersfield

8. Latitude  
(dd mm ss.s h) 35 18 33.9 N



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