APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 180–day STA to add Capella as POC

1. Applicant

Name: Maris Developments **Phone Number:** 800–927–9800

DBA Name: Fax Number:

Street: 251 Little Falls Dr. E–Mail:

City: Wilmington State: DE

Country: USA Zipcode: 19808 -

Attention:

2. Contact								
N	Name: A. Miller		Phone Nu	ımber:	618–401–9921	618–401–9921		
C	Company:	Maris Developments	Fax Num	ber:				
S	treet:	251 Little Falls Dr.	E–Mail:		maris.developments@outlook.com			
C	City:	Wilmington	State:		DE			
C	Country:	USA	Zipcode:		19808 –			
A	Attention:		Relations	hip:	Engineer			
(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								
	ease explain							
4b. Fee Class	sification C	CGX – Fixed Satellite Ti	ransmit/Receive Earth S	Station				
5. Type Requ	uest							
O Use Prior to Grant O Change Station Location O Other								
6. Requested	l Use Prior D	Pate						

7. CityBoardman	8. Latitude (dd mm ss.s h) 0 0 0.0						
9. State OR	10. Longitude (dd mm ss.s h) 0 0 0.0						
11. Please supply any need attachments.							
Attachment 1: Narrative 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.)							
Applicant requests 180-day STA to add Capella Space Corporation as a point of communication to earth station Call Sign E181611. Please see narrative attachment. 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No							
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 A. Miller	15. Title of Person Signing Engineer						
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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