

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Special Temporary Authority Pending Modification E060416

1. Applicant

Name:	Denali 20020, LLC	Phone Number:	509-689-1000
DBA Name:		Fax Number:	509-689-3798
Street:	66 C Teleport Drive	E-Mail:	TOCC@usei-teleport.com
City:	Brewster	State:	WA
Country:	USA	Zipcode:	98812 -
Attention:	Mr Darryl White		

2. Contact	
Name: Darryl White	Phone Number: 509-689-1000
Company: Denali 20020, LLC	Fax Number: 509-689-3798
Street: 66 C Teleport Drive	E-Mail: TOCC@usei-teleport.com
City: Brewster	State: WA
Country: USA	Zipcode: 98812 -
Attention:	Relationship:
(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 IB2019003305	
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 04/29/2020	
7. CityBrewster	8. Latitude (dd mm ss.s h) 48 8 47.9 N

9. State WA	10. Longitude (dd mm ss.s h) 119 41 34.8 W
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.) Special Temporary Authority for pending Modification of E060416 to add a 5.6 meter Ku-band T/R earth station, Application Submission ID	
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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Darryl White	15. Title of Person Signing Manager
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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