

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Springer, OK Gateway Earth Station STA

1. Applicant

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

| | |
|---|---|
| 2. Contact | |
| Name: SpaceX Services, Inc. Company: Street: 1155 F Street, N.W. City: Washington Country: USA Attention: | Phone Number: 202-649-2700 Fax Number: E-Mail: patricia.cooper@spacex.com State: DC Zipcode: 20004 – 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 SESLIC2020052800576 or Submission ID | |
| 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 <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other </div> | |
| 6. Requested Use Prior Date 06/10/2020 | |
| 7. CitySpringer | 8. Latitude (dd mm ss.s h) 34 16 6.6 N |

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