

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Earth Station E950410

1. Applicant

Name:	Comcast Cable Communications Management, LLC	Phone Number:	(215) 983-1643
DBA Name:		Fax Number:	
Street:	One Comcast Center 1701 John F. Kennedy Boulevard	E-Mail:	joanne_horstmann@cable.comcast.com
City:	Philadelphia	State:	PA
Country:	USA	Zipcode:	19103 -2838
Attention:	Joanne Horstmann		

2. Contact

Name:	Catherine Fox	Phone Number:	(215) 286-8818
Company:	Comcast Cable	Fax Number:	(215) 286-7383
Street:	One Comcast Center 1701 John F. Kennedy Boulevard	E-Mail:	catherine_fox@comcast.com
City:	Philadelphia	State:	PA
Country:	USA	Zipcode:	19103 -2838
Attention:		Relationship:	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 IB2020002909

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
09/08/2020

7. City Littleton

8. Latitude
(dd mm ss.s h) 39 30 52.0 N

9. State CO	10. Longitude (dd mm ss.s h) 105 1 27.0 W
11. Please supply any need attachments. Attachment 1: STA Request 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">STA to allow continued operation of Earth Station E950410 pending FCC action on renewal application filed with Petition for Reinstatement.</div>	
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 Catherine Fox	15. Title of Person Signing Sr. Deputy General Counsel
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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