APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Butte, MT STA Extension

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. | Phone Number: | 202-649-2700 | |
| Company | 7: | Fax Number: | | |
| Street: | 1155 F Street, N.W. | E–Mail: | patricia.cooper@spacex.com | |
| City: | Washington | State: | DC | |
| Country: | USA | Zipcode: | 20004 – | |
| Attention: | | Relationship: | | |
| | | | | |
| application. Please er 3. Reference File Nu 4a. Is a fee submit | ter only one.) mber SESLIC2020061600648 o ted with this application? | r Submission ID | te file number or the IB Submission ID of the related | |
| | | o, indicate reason for fee exemption | on (see 47 C.F.R.Section 1.1114). | |
| _ | ntity Noncommercial educa | tional licensee | | |
| Other(please exp | iam): | | | |
| 4b. Fee Classification | CGX – Fixed Satellite Transm | it/Receive Earth Station | | |
| 5. Type Request | | | | |
| Use Prior to Grant Change Station Location Other | | | | |
| 6. Requested Use Price 01/20/2020 | or Date | | | |
| 7. CityButte | | 8. Latitude (dd mm ss.s h) | 45 55 26.6 N | |

| O O MTF | 10.7 | | | | |
|--|--|--|--|--|--|
| 9. State MT | 10. Longitude | | | | |
| | (dd mm ss.s h) 112 30 47.5 W | | | | |
| 11. Please supply any need attachments. | | | | | |
| Attachment 1: Butte,MT STA Extenst 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.) | | | | | |
| SpaceX Services seeks Special Temporary Authority to operate earth stations to communicate | | | | | |
| with its NGSO constellation. | | | | | |
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| | | | | | |
| 13. By checking Yes, the undersigned certifies that neither applicant nor | | | | | |
| subject to a denial of Federal benefits that includes FCC benefits pursua | | | | | |
| 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 | 15. Title of Person Signing | | | | |
| Patricia Cooper | Vice President, Satellite Government Affairs | | | | |
| 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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