APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 30–day STA renewal for Capella

1. Applicant					
Nan	ne:	Moynk Properties, LLC	Phone Number:	800-927-9800	
DBA	A Name:		Fax Number:		
Stre	et:	251 Little Falls Dr.	E-Mail:	information@moynkproperties. com	
City	:	Wilmington	State:	DE	
Cou	ntry:	USA	Zipcode:	19808 –	
Atte	ention:				

2. Contact							
	Name:	K. McCarty Phone Number:		800-927-	800-927-9800		
	Company:	Moynk Properties, LLC	Fax Num	'ax Number:			
	Street:	251 Little Falls Dr.	51 Little Falls Dr. E–Mail:		information@moynkproperties. com		
	City:	: Wilmington State:			DE		
	Country:	USA	Zipcode:		19808	-	
	Attention:		Relations	ship:	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 SESSTA2020120101279 or Submission ID							
4a. Is a	fee submitted	with this application?					
If Yes	, complete and	attach FCC Form 159. If N	No, indicate reason	for fee exemptio	n (see 47 C.F.R.Sec	ction 1.1114).	
Gover	rnmental Entity	y 👩 Noncommercial educ	ational licensee				
O Other	• Other(please explain):						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
O Use Prior to Grant O Change Station Location O Other							
6. Requested Use Prior Date							

7. CityKapolei	8. Latitude (dd mm ss.s h) 0 0 0.0						
9. State HI	10. Longitude (dd mm ss.s h) 0 0 0.0						
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.)							
Per FCC Rule 1.62, applicant will continue to operate under the terms and conditions of its existing STA pending action on this timely filed renewal. See File No. SES-STA- 20201201-01279.							
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 K. McCarty	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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