## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: 30–day STA renewal for Capella–5 and -6

1. Applicant							
Na	me:	Moynk Properties, LLC	Phone Number:	800-927-9800			
DB	DBA Name:		Fax Number:				
Str	reet:	251 Little Falls Dr.	E–Mail:	information@moynkproperties. com			
Cit	y:	Wilmington	State:	DE			
Со	ountry:	USA	Zipcode:	19808 –			
Att	tention:						

2. Contact								
Name:	K. McCarty	Phone Nu	imber:	800-927-9800				
Compa	ny: Moynk Properties, LLC	Fax Num	ber:					
Street:	251 Little Falls Dr.	E–Mail:		information@moynkproperties. com				
City:	Wilmington	State:		DE				
Countr	y: USA	Zipcode:		19808 —				
Attenti	on:	Relations	hip:	Engineer				
<ul> <li>(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.)</li> <li>3. Reference File Number SESSTA2021032500571 or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> </ul>								
	te and attach FCC Form 159.	If No, indicate reason	for fee exemption (s	see 47 C.F.R.Section 1.1114).				
Governmental	Entity 👩 Noncommercial e	ducational 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 F	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- 20210325-00571.						
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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