

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA Application – Kobuk Clinic E210126

**1. Applicant**

<b>Name:</b>	GCI Communication Corp.	<b>Phone Number:</b>	907-868-5615
<b>DBA Name:</b>		<b>Fax Number:</b>	907-868-9817
<b>Street:</b>	2550 Denali St, Ste 1000	<b>E-Mail:</b>	gcilicensemanager@gci.com
<b>City:</b>	Anchorage	<b>State:</b>	AK
<b>Country:</b>	USA	<b>Zipcode:</b>	99503 -2737
<b>Attention:</b>	Ms Cynthia L Hall		

**2. Contact**

<b>Name:</b>	GCI Communication Corp.	<b>Phone Number:</b>	907-868-5615
<b>Company:</b>		<b>Fax Number:</b>	907-868-9817
<b>Street:</b>	2550 Denali St, Ste 1000	<b>E-Mail:</b>	chall2@gci.com
<b>City:</b>	Anchorage	<b>State:</b>	AK
<b>Country:</b>	USA	<b>Zipcode:</b>	99503 -2737
<b>Attention:</b>		<b>Relationship:</b>	Same

(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 SESAMD2021081201399 or Submission ID

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  
08/28/2021

7. CityKobuk

8. Latitude  
(dd mm ss.s h) 66 54 25.5 N



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