

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Extension (60 days) for Operations Using Anik F-1 @ 109.2 W.L. (October 2021)

1. Applicant

Name:	Anuvu Licensing Holdings LLC	Phone Number:	310-437-6000
DBA Name:		Fax Number:	
Street:	1821 E. Dyer Rd.	E-Mail:	Telecom.Licensing@anuvu.com
	Suite 125		
City:	Santa Ana	State:	CA
Country:	USA	Zipcode:	92705 -
Attention:	Kathryn Santoro		

2. Contact

Name:	David S. Keir	Phone Number:	202-416-6742
Company:	Lerman Senter PLLC	Fax Number:	
Street:	2001 L Street, N.W. Suite 400	E-Mail:	dkeir@lermansenter.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
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 SESMFS2021012700153 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
10/28/2021

7. City

8. Latitude
(dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Explanatory Stmt 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;">Request for extension of Special Temporary Authority to continue operating for an additional period of 60 days using the Telesat Anik F-1 satellite at 109.2 degrees West Longitude as requested in the pending application for permanent license modification (FCC IBFS File No. SES-MFS-20210127-00153).</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 Simon McLellan	15. Title of Person Signing Chief 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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