

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

E020248 – Nov22 60 Day STA Renewal

**1. Applicant**

|                   |                                  |                      |                       |
|-------------------|----------------------------------|----------------------|-----------------------|
| <b>Name:</b>      | EchoStar BSS Corporation         | <b>Phone Number:</b> | 202-463-3709          |
| <b>DBA Name:</b>  |                                  | <b>Fax Number:</b>   |                       |
| <b>Street:</b>    | 1110 Vermont Ave NW<br>Suite 750 | <b>E-Mail:</b>       | Alison.Minea@dish.com |
| <b>City:</b>      | Washington                       | <b>State:</b>        | DC                    |
| <b>Country:</b>   | USA                              | <b>Zipcode:</b>      | 20005 –               |
| <b>Attention:</b> | Alison Minea                     |                      |                       |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                            |
| <b>Name:</b> Christopher Bjornson<br><b>Company:</b> Steptoe & Johnson LLP<br><b>Street:</b> 1330 Connecticut Avenue NW<br><br><b>City:</b> Washington<br><b>Country:</b> USA<br><b>Attention:</b>                                                                                                                                                          | <b>Phone Number:</b> 202-429-3059<br><b>Fax Number:</b><br><b>E-Mail:</b> cbjornson@steptoe.com<br><br><b>State:</b> DC<br><b>Zipcode:</b> 20036 -<br><b>Relationship:</b> |
| (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.)<br>3. Reference File Number SESSTA2022070600728 or Submission ID                                                                                                      |                                                                                                                                                                            |
| 4a. Is a fee submitted with this application?<br><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                                                                                                                                                            |
| 4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                                                              |                                                                                                                                                                            |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input checked="" type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input type="radio"/> Other</span> </div>                                                                                              |                                                                                                                                                                            |
| 6. Requested Use Prior Date<br>12/03/2022                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                            |
| 7. City Blackhawk                                                                                                                                                                                                                                                                                                                                           | 8. Latitude<br>(dd mm ss.s h)    44   11   15.3   N                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 9. State SD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10. Longitude<br>(dd mm ss.s h) 103 20 9.7 W                              |
| 11. Please supply any need attachments.<br>Attachment 1: Exhibit 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.)<br><div style="border: 1px solid black; padding: 5px;"> Seeking renewal of 60-day special temporary authority to operate earth station for TT&amp;C and feeder link communications with the EchoStar 23 satellite during its relocation to, and operations at, 109.9 W.L. See Exhibit 1. </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<br>Alison Minea                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15. Title of Person Signing<br>Vice President & Associate General Counsel |
| 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).                                                                                                                                                                                                                              |                                                                           |

## **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0678.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**