Approve	d	by	OMB	
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Expires	1	2/3	31/90	

FEDERAL COMMUNICATIONS COMMISSION

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Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

SECTION I	· · · · · · · · · · · · · · · · · · ·					
APPLICANT NAME (Last, firs	t middle init	(al)				
COMSAT Corporation	, middie mit.					
					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
MAILING ADDRESS (Line 1) (		characters - ref	er to instruction (2)	on reverse	of form)	
6560 Rock Spring Dri						
MAILING ADDRESS (Line 2)	(if required)	(Maximum 35 ch	aracters)			
CITY						
Bethesda, MD						
STATE OR COUNTRY (if fore	ign address)	ZIP CODE	CALL SIC	ALL SIGN OR OTHER FCC IDENTIFIER (If applicable)		
		20817				
Enter in Column (A) the correc	t Fee Type Co		e you are applying fo	r. Fee Type (	Codes may be found in FCC	
Fee Filing Guides. Enter in Colu						
the value of the Fee Type Cod	e in Column (	A) by the number	entered in Column (B	), if any.		
(A)	(E		(C)			
FEE TYPE CODE		ULTIPLE quired)	FEE DUE FOR FI		FOR FCC USE ONLY	
(1)			· · · · · · · · · · · · · · · · · · ·			
E A E			\$ 35.00			
	L	L				
			· · · · · · · · · · · · · · · · · · ·			
SECTION II		,	you are requesting con		ns which result in a	
	require	ment to list more	than one Fee Type C	ode.		
(A)	(E	2)	(C)			
FEE TYPE CODE	FEE MUL		FEE DUE FOR FE	E TYPE	FOR FCC USE ONLY	
	(if requ		CODE IN COLU			
(2)			\$			
		·				
3)			\$			
	<b></b>	L				
(4)						
	L		*			
5)			\$			
ADD ALL AMOUNTS SHOWN						
THROUGH (5), AND ENTER TH			TOTAL AMOUNT R WITH THIS APPL OR FILING	EMITTED ICATION	FOR FCC USE ONLY	
THIS AMOUNT SHOULD EQUA REMITTANCE.	L YOUR ENCL	.USEU	OR FILING			
			\$ 35.00			
			L			