



Pillsbury
Winthrop
Shaw
Pittman LLP

2300 N Street, N.W.
Washington, D.C. 20037-1128

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FCC/MELLON 142006

July 14, 2006

David Konczal
202-663-8432
david.konczal@pillsburylaw.com

DELIVER VIA COURIER TO MELLON BANK

Federal Communications Commission
Office of Engineering and Technology
Experimental Radio Services
P.O. Box 358320
Pittsburgh, PA 15251-5320

**Re: Mobile Satellite Ventures Subsidiary LLC
Experimental STA Application
File No. 0526-EX-ST-2006
Filing Fee**

Dear Ms. Dortch:

On July 13, 2006, Mobile Satellite Ventures Subsidiary LLC ("MSV") electronically filed a request for an experimental Special Temporary Authority. This request was assigned file number 0526-EX-ST-2006. MSV hereby submits the required \$55 filing fee for this request.

Please contact the undersigned with any questions.

Very truly yours,

David S. Konczal

326563

CHEVY CHASE BANK
CHEVY CHASE, MD 20814
65-7198/2550

**Pillsbury
Winthrop
Shaw
Pittman**

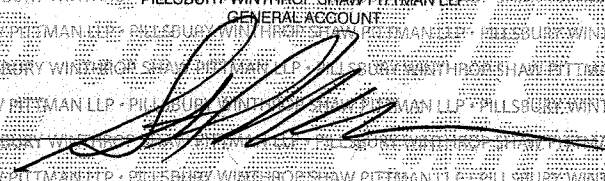
2300 N Street, NW
Washington, DC 20037
Phone - 202-663-8000

| DATE | CHECK NUMBER | AMOUNT |
|------------|--------------|---------|
| 07/14/2006 | 326563 | \$55.00 |

PAY
FIFTY-FIVE AND 00/100 DOLLARS

GENERAL ACCOUNT

**TO THE
ORDER OF**
Federal Communications Commission



⑈ 3 26563 ⑈ ⑆ 25507198 ⑆ 500430547 ⑈

| VENDOR NO. | | CHECK NO. | CHECK DATE | PILLSBURY WINTHROP SHAW PITTMAN LLP | | |
|----------------|--------------|-----------|------------|-------------------------------------|----------|----------------|
| 503726 | | 326563 | 07/14/2006 | Federal Communications Commission | | |
| INVOICE NO. | INVOICE DATE | COMMENTS | | INVOICE AMOUNT | DISCOUNT | NET |
| DKONCZAL0714 | 07/14/2006 | | | 55.00 | | 55.00 |
| Totals: | | | | \$55.00 | | \$55.00 |
| TOTALS | | | | | | |

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page: 1 of 1

| | | | |
|---|---------------------------------------|--|-----------------------------------|
| (1) LOCKBOX # 358320 | | SPECIAL USE ONLY | |
| | | FCC USE ONLY | |
| SECTION A - PAYER INFORMATION | | | |
| (2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Pillsbury Winthrop Shaw Pittman LLP | | (3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$55.00 | |
| (4) STREET ADDRESS LINE NO. 1 2300 N Street, NW | | | |
| (5) STREET ADDRESS LINE NO. 2 | | | |
| (6) CITY Washington | | (7) STATE DC | (8) ZIP CODE 20037 1128 |
| (9) DAYTIME TELEPHONE NUMBER (include area code) (202) 663-8000 | | (10) COUNTRY CODE (if not in U.S.A.) | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | | |
| (11) PAYER (FRN) 0013-2088-48 | | (12) FCC USE ONLY | |
| IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET | | | |
| (13) APPLICANT NAME Mobile Satellite Ventures Subsidiary LLC | | | |
| (14) STREET ADDRESS LINE NO. 1 10802 Parkridge Boulevard | | | |
| (15) STREET ADDRESS LINE NO. 2 | | | |
| (16) CITY Reston | | (17) STATE VA | (18) ZIP CODE 20191 |
| (19) DAYTIME TELEPHONE NUMBER (include area code) (703) 390-2700 | | (20) COUNTRY CODE (if not in U.S.A.) | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | | |
| (21) APPLICANT (FRN) 0005-8839-96 | | (22) FCC USE ONLY | |
| COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET | | | |
| (23A) CALL SIGN/OTHER ID 0526ST2006 | (24A) PAYMENT TYPE CODE EAE | (25A) QUANTITY 1 | |
| (26A) FEE DUE FOR (PTC) \$55.00 | (27A) TOTAL FEE \$55.00 | FCC USE ONLY | |
| (28A) FCC CODE 1 | | (29A) FCC CODE 2 EL540771 | |
| (23B) CALL SIGN/OTHER ID | (24B) PAYMENT TYPE CODE | (25B) QUANTITY | |
| (26B) FEE DUE FOR (PTC) | (27B) TOTAL FEE | FCC USE ONLY | |
| (28B) FCC CODE 1 | | (29B) FCC CODE 2 | |
| SECTION D - CERTIFICATION | | | |
| CERTIFICATION STATEMENT | | | |
| I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. | | | |
| SIGNATURE _____ | | DATE _____ | |
| SECTION E - CREDIT CARD PAYMENT INFORMATION | | | |
| MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____ | | | |
| ACCOUNT NUMBER _____ | | EXPIRATION DATE _____ | |
| I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described. | | | |
| SIGNATURE _____ | | DATE _____ | |