



Pillsbury  
Winthrop  
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RECEIPT COPY

PCC/MELLON JUL 14 2006

July 14, 2006

**David Konczal**  
202-663-8432  
[david.konczal@pillsburylaw.com](mailto: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. 0522-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 0522-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

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

326565

Pillsbury  
Winthrop  
Shaw  
Pittman

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

PAY

FIFTY-FIVE AND 00/100 DOLLARS

TO THE  
ORDER OF

Federal Communications Commission

| DATE       | CHECK NUMBER | AMOUNT  |
|------------|--------------|---------|
| 07/14/2006 | 326565       | \$55.00 |

GENERAL ACCOUNT

VOID AFTER 180 DAYS

326565 255071981 5004305471

| VENDOR NO.     | CHECK NO.    | CHECK DATE | PILLSBURY WINTHROP SHAW PITTMAN LLP |          |         |
|----------------|--------------|------------|-------------------------------------|----------|---------|
| 503726         | 326565       | 07/14/2006 | Federal Communications Commission   |          |         |
| INVOICE NO.    | INVOICE DATE | COMMENTS   | INVOICE AMOUNT                      | DISCOUNT | NET     |
| DKONCZAL071406 | 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) LOCK BOX #<br>358320                                                                                                                                                                                                          |                                       | SPECIAL USE ONLY                                                 |                                   |
|                                                                                                                                                                                                                                   |                                       | FCC USE ONLY                                                     |                                   |
| <b>SECTION A - PAYER INFORMATION</b>                                                                                                                                                                                              |                                       |                                                                  |                                   |
| (2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)<br><b>Pillsbury Winthrop Shaw Pittman LLP</b>                                                                                              |                                       | (3) TOTAL AMOUNT PAID (U.S. Dollars and cents)<br><b>\$55.00</b> |                                   |
| (4) STREET ADDRESS LINE NO. 1<br><b>2300 N Street, NW</b>                                                                                                                                                                         |                                       |                                                                  |                                   |
| (5) STREET ADDRESS LINE NO. 2                                                                                                                                                                                                     |                                       |                                                                  |                                   |
| (6) CITY<br><b>Washington</b>                                                                                                                                                                                                     |                                       | (7) STATE<br><b>DC</b>                                           | (8) ZIP CODE<br><b>20037 1128</b> |
| (9) DAYTIME TELEPHONE NUMBER (include area code)<br><b>(202) 663-8000</b>                                                                                                                                                         |                                       | (10) COUNTRY CODE (if not in U.S.A.)                             |                                   |
| <b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>                                                                                                                                                                                     |                                       |                                                                  |                                   |
| (11) PAYER (FRN)<br><b>0013-2088-48</b>                                                                                                                                                                                           |                                       | (12) FCC USE ONLY                                                |                                   |
| <b>IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)<br/>COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>                                                             |                                       |                                                                  |                                   |
| (13) APPLICANT NAME<br><b>Mobile Satellite Ventures Subsidiary LLC</b>                                                                                                                                                            |                                       |                                                                  |                                   |
| (14) STREET ADDRESS LINE NO. 1<br><b>10802 Parkridge Boulevard</b>                                                                                                                                                                |                                       |                                                                  |                                   |
| (15) STREET ADDRESS LINE NO. 2                                                                                                                                                                                                    |                                       |                                                                  |                                   |
| (16) CITY<br><b>Reston</b>                                                                                                                                                                                                        |                                       | (17) STATE<br><b>VA</b>                                          | (18) ZIP CODE<br><b>20191</b>     |
| (19) DAYTIME TELEPHONE NUMBER (include area code)<br><b>(703) 390-2700</b>                                                                                                                                                        |                                       | (20) COUNTRY CODE (if not in U.S.A.)                             |                                   |
| <b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>                                                                                                                                                                                     |                                       |                                                                  |                                   |
| (21) APPLICANT (FRN)<br><b>0005-8839-96</b>                                                                                                                                                                                       |                                       | (22) FCC USE ONLY                                                |                                   |
| <b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>                                                                                                                                      |                                       |                                                                  |                                   |
| (23A) CALL SIGN/OTHER ID<br><b>0522ST2006</b>                                                                                                                                                                                     | (24A) PAYMENT TYPE CODE<br><b>EAE</b> | (25A) QUANTITY<br><b>1</b>                                       |                                   |
| (26A) FEE DUE FOR (PTC)<br><b>\$55.00</b>                                                                                                                                                                                         | (27A) TOTAL FEE<br><b>\$55.00</b>     | FCC USE ONLY                                                     |                                   |
| (28A) FCC CODE 1                                                                                                                                                                                                                  |                                       | (29A) FCC CODE 2<br><b>EL767719</b>                              |                                   |
| (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                                                 |                                   |
| <b>SECTION D - CERTIFICATION</b>                                                                                                                                                                                                  |                                       |                                                                  |                                   |
| <b>CERTIFICATION STATEMENT</b><br>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.<br>SIGNATURE _____ DATE _____ |                                       |                                                                  |                                   |
| <b>SECTION E - CREDIT CARD PAYMENT INFORMATION</b>                                                                                                                                                                                |                                       |                                                                  |                                   |
| 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 _____                                                       |                                   |