30 Rockefeller Plaza
New York, NY 10112
212 664-4721/4722
Telex: 414762 NBCICR
Fax: 212 956-2140

A Division of
National Broadcasting
Company, Inc.

David M. Grodsky
Manager
Satellite Technology

NBC NEWS

Fax (212) 664 2473
Tel (212) 664-4722

October 6, 1994

Mr. Whitt Hardnett
Comsat Mobile Communications
22300 Comsat Drive
Clarksburg, MD 20871

Fax (301) 601-5958

Dear Whitt::

Following please find the NBC letter of intent with reference to the two enclosed applications for portable INMARSAT-M terminals:

As a news organization, it is one of our primary missions to establish reliable and extended voice/fax/data links when the conventional means of same are unavailable or impractical beyond reason. Disruptions to, or the simple unavailability of, standard means of telephony and data communications whether by causes natural or man-made can be surmounted by taking advantage of the INMARSAT system of satellite communications.

NBC News' primary intent in the deployment of these terminals is to provide modern reliable telecommunications resources in support of the reporting and actual transmission of news information internationally.

These terminals, once recommissioned as NBC (rather than Mackay) owned will most likely be returned to service in support of the NBC operation in Port-au-Prince, Haiti. NBC does not intend to deploy these terminals in the contiguous US. However if this changes NBC will of course submit the FCC 442 form as required.

Inmarsat-M/B

land mobile earth station (LMES) commissioning application form

Maritime users should obtain the maritime commissioning application form

Please type or write in BLOCK CAPITALS and forward the form to your national Routing Organization

Do not fill in the area below
RO Office Use Only
[illegible]

RO Code:

Ctry:

Usage:

Environment:

Industry:

SECTION A APPLICATION DETAILS

Routing organization: COMSAT MOBILE COMM'S
Country of registry: U.S.

LMES Standard: Inmarsat-M ✓ Inmarsat-B ____
Usage of LMES: Mobile ___ Fixed ___ Transportable ___ Portable* ✓
(see Section C below for installation details which should correspond to usage of LMES)

(Part of a) Multi-Channel LMES (Y/N): N If Yes, please state
Number of Channels Applied For: ______

Transaction required - please tick only one transaction type:
(a) ✓ initial LMES commissioning
(b) ___ additional LMES or additional channel in a multi-channel LMES.
for additional channels: primary (first voice) IMN of primary channel: ________
(c) ___ additional end terminal (e.g. telephone, fax for addition to existing LMES)

*Portable is applicable only on Inmarsat-M LMES.

SECTION B USER INFORMATION

Please tick only one box in each column:

type of use or vehicle:		Industry:	
___	remote data collection/control	✓	transport/distribution
✓	business/office communications		media
___	truck > 10t	___	telecommunications
___	truck < 10t	___	financial sector
___	coach/bus	___	government
___	car	___	lease/hire
___	rail operations	___	natural resource mgmnt
___	rail passenger use	___	construction/mining
___	inland waterways	___	police/fire/ambulance
___	test and demonstration	___	fuel/power industries
___	education	___	disaster relief
___	containers	___	electronics
___	other, specify ________	___	other, specify ________

SECTION C INSTALLATION DETAILS

Complete only one of the following three parts - print or tick as appropriate

Part 1 : MOBILE INSTALLATIONS (on a vehicle):
Vehicle registration number ________
Country of registration ________

Part 2 : FIXED INSTALLATIONS:
Location: ________
Country: ________
Usage: Attended: ____ Unattended: ____
Part of a fixed group. Yes: ____ No: ____

Part 3 : PORTABLE or TRANSPORTABLE TERMINALS:
Will the portable or transportable be used internationally:
Yes: ✓ No: ____

Do not fill in the area below
RO Office Use Only

Applicant:

Owner:

Licensee:

AAIC:

BE:

SECTION D APPLICANT DETAILS

APPLICANT
Company Name: NATIONAL BROADCASTING CO.
Contact Name: DAVID M. GRODSKY
Address: RM 701-W
30 ROCKEFELLER PLAZA
Town: N.Y. N.Y. Country: USA
Post/Zip: 10112 Tel. No. 212 664 4722
Tlx: 414762 NBCICR Fax: 212 664 2473

OWNER SAME AS APPLICANT
if different from applicant name and address:
Company Name:
Contact Name:
Address:
Town: Country:
Post/Zip: Tel. No.
Tlx: Fax:

LICENSEE SAME AS APPLICANT
If different from applicant name and address:
Name:
Contact Name:
Address:
Town: Country:
Post/Zip: Tel. No.
Tlx: Fax:

SECTION E ACCOUNTING AND BILLING DETAILS

ACCOUNTING AUTHORITY (Mandatory):
Name: USO1
Code:

BILLING ENTITY (Optional): (CDP ACCT # M10869)
Name: NBC, ROOM 701-W
Address: 30 ROCKEFELLER PLAZA
Town: NY, NY Country: USA
Post/Zip: 10112 Tel: 212 664 4722
Tlx: 414762 NBCICR Fax: 212 664 2473

CREDIT/CHARGE CARD:
Card Type: Number:
Card Holder:
Expiry Date(mm/yy):

SECTION F PRIMARY CHANNEL SERVICE & EQUIPMENT DETAILS (up to 6 end-terminals)

There is no need to identify facsimile or data equipment which will use a voice channel & switch with voice equipment.
Please use the last page of this form (Section H) for primary channels with more than 6 end-terminals
and for all applications for additional (secondary) channels and/or additional end-terminals for existing LMESs.

A. FOR SINGLE LMES OR PRIMARY CHANNEL ONLY:

a Manufacturer: ABB - NERA

b Model: SATURN - M

c Inmarsat Serial No: 6 E B Ø Ø 1 Ø C 7 6 6 Ø

d Software Revision No: MCU - 1.30 & DSP 1.40

e Is there a facility for immediate payment by credit card on the LMES (Y/N): _____

Do not fill in area below
RO Office Use Only

f Antenna Size: _____

INMARSAT MOBILE NUMBER RO to supply one IMN for each specified end-terminal	END-TERMINAL SERVICES name the service for each required end-terminal only one service per end-terminal on each line Services: VOICE,FAX,DATA,TELEX(Inm-B only) (where applicable pls include information rate: VOICE (16))	PRIVACY INDICATOR (Y/N)
	VOICE /	Y
	FAX /	Y
	DATA /	Y
	VOICE /	Y

SECTION G COMMISSIONING LES DETAILS

Comms. LES Code:

Commissioning LES Preferred: SOUTHBURY

Commissioning Date (dd/mm/yy): 17 OCTOBER 1994

Commissioning Site/Ocean Region: AOR - WEST

Commissioning Agent: APPLICANT

Agent's Address: _____

Town: _____ Country: _____

Post/Zip: _____ Tel. No: _____

Tlx: _____ Fax: _____

CERTIFICATION and AGREEMENT

The Applicant agrees to comply with the attached Terms and Conditions for the Utilization of the Inmarsat space segment applicable to the land mobile earth station (LMES) described in this Application, and the Routing Organization agrees, pursuant to Article XIV(3) of the Inmarsat Operating Agreement, to be responsible to Inmarsat for such compliance by the LMES.

PRINT Applicant Name: NATIONAL BROADCASTING COMPANY

Signature: David M Goodale Date: 10/6/94

PRINT RO Rep. Name: COMSAT MOBILE COMMUNICATIONS

Signature: _____ Date: _____

SECTION F PRIMARY CHANNEL SERVICE & EQUIPMENT DETAILS (up to 6 end-terminals)

There is no need to identify facsimile or data equipment which will use a voice channel & switch with voice equipment. Please use the last page of this form (Section H) for primary channels with more than 6 end-terminals and for all applications for additional (secondary) channels and/or additional end-terminals for existing LMESs.

A. FOR SINGLE LMES OR PRIMARY CHANNEL ONLY:

a Manufacturer: ABB - NERA

b Model: SATURN - M

c Inmarsat Serial No: 6 E B Ø Ø 1 C 7 D A D 2

d Software Revision No: MCU - 1.30 & DSP 1.40

e Is there a facility for immediate payment by credit card on the LMES (Y/N): _____

Do not fill in area below RO Office Use Only

f Antenna Size: _____

INMARSAT MOBILE NUMBER RO to supply one IMN for each specified end-terminal	END-TERMINAL SERVICES name the service for each required end-terminal only one service per end-terminal on each line Services: VOICE,FAX,DATA,TELEX(Inm-B only) (where applicable pls include information rate: VOICE (16))	PRIVACY INDICATOR (Y/N)
	VOICE /	Y
	FAX /	Y
	DATA /	Y
	VOICE /	Y

SECTION G COMMISSIONING LES DETAILS

Comms. LES Code:

Commissioning LES Preferred: SOUTHBURY

Commissioning Date (dd/mm/yy): 17 OCTOBER 1994

Commissioning Site/Ocean Region: AOR - WEST

Commissioning Agent: APPLICANT

Agent's Address: _____

Town: _____ Country: _____

Post/Zip: _____ Tel. No: _____

Tlx: _____ Fax: _____

CERTIFICATION and AGREEMENT

The Applicant agrees to comply with the attached Terms and Conditions for the Utilization of the Inmarsat space segment applicable to the land mobile earth station (LMES) described in this Application, and the Routing Organization agrees, pursuant to Article XIV(3) of the Inmarsat Operating Agreement, to be responsible to Inmarsat for such compliance by the LMES.

PRINT Applicant Name: NATIONAL BROADCASTING COMPANY

Signature: David McGoodale Date: 10/6/94

PRINT RO Rep. Name: COMSAT MOBILE COMMUNICATIONS

Signature: _____ Date: _____