Exhibit 1

Applicant has operations in remote locations which may not have reliable or convenient telephone service. Some of our requirements are to respond to disaster situations.

We intend to use Inmarsat transportable terminals be used by our employees in such cases as stated above. These terminals are type accepted by Inmarsat.

Inmarsat-M

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
RO may use this space for recording codes selected while using the RO ECS

RO Code:

City:

Usage:

Applicant:

Owner:

Licensee:

SECTION A APPLICATION DETAILS

Routing organization: COMSAT
Country of registry: USA

LMES use - please tick only one type of use:
mobile __ fixed __ portable __ transportable X
(see section D for installation details which should correspond)

Transaction required - please tick only one transaction type:
(a) X initial LMES commissioning
(b) ____ additional channel in a multi-channel LMES.
for additional channels supply primary (first voice) IMN of primary channe

(c) ____ additional end terminal
(e.g. telephone, fax for addition to existing LMES)

SECTION B APPLICANT DETAILS

APPLICANT
Company Name: MW Kellogg
Contact Name: MARC MALACOFF
Address: POB 4557
HOUSTON
TEXAS
Post/Zip: 77210-4557 Tel. No. 713 753 2000
Tlx: _____ Fax: _____

OWNER
If different from applicant name and address:
Company Name: SAME AS ABOVE
Contact Name: _____
Address: _____
Post/Zip: _____ Tel. No. _____
Tlx: _____ Fax: _____

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

Do not fill in the area below
RO Office Use Only

Use:

Industry:

AAIC:

BE:

SECTION B continued - USER INFORMATION

Please tick only one box in each column:

type of use or vehicle:

- ___ remote data collection/control
- _X_ business/office communications
- ___ truck > 10t
- ___ truck < 10t
- ___ coach/bus
- ___ car
- ___ rail operations
- ___ rail passenger use
- ___ inland waterways
- ___ test and demonstration
- ___ education
- ___ other

Industry:

- ___ transport/distribution
- ___ media
- ___ telecommunications
- ___ financial sector
- ___ government
- ___ lease/hire
- ___ natural resource mgmnt
- _X_ construction/mining
- ___ police/fire/ambulance
- ___ fuel/power industries
- ___ disaster relief
- ___ electronics
- ___ other

SECTION C ACCOUNTING AND BILLING DETAILS

ACCOUNTING AUTHORITY (Mandatory):
Name: FCC
Code: US-01

BILLING ENTITY (Optional):
Name: MARK [illegible] MCIS
Address: c/o MW Kellog
PO Box 4557
Town: Houston TX Post/Zip: 77210-4557
Country: USA Tel: 713 753 2000
Tlx: _____ Fax: _____

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

SECTION D 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: X No:

SECTION E PRIMARY CHANNEL SERVICE & EQUIPMENT DETAILS (maximum 6 end-terminals

Items a, b and c are mandatory. There is no need to identify facsimile equipment which will switch with voice equipmen
Please use the last page of this form (Section G) 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: MAGNAVOX

b Model: MX 3Ø3Ø

c Inmarsat Serial No: 6 N V Ø Ø 1 2 3 3 E 1 4
(should not include dots dashes or spaces)

d Software Revision No: 3.Ø2.Ø1

e Credit Card option required? (Y/N): N

f Antenna Size:

Do not fill in area below
RO Office Use Only

INMARSAT MOBILE NUMBER RO to supply one IMN for each specified end-terminal	SERVICES (use free lines for additional end-terminals - please name the required service for each)	Tick once for each end terminal for named services	PRIVACY INDICATOR (Y/N)
	VOICE	1	N
	FAX	1	N
	DATA		

Do not fill in the area below
RO Office Use Only

SECTION F COMMISSIONING LES DETAILS

Commissioning LES Preferred: Southbury
Commissioning Date (dd/mm/yy): ASAP
Commissioning Site/Ocean Region: Houston, Texas/AOR-W
Commissioning Agent: JFL Communications, Inc.
Address: P.O. Box 1248

Town: Missouri City Post/Zip: TX 77459
Country: USA Tel. No: (713) 261-0708
Tlx: NONE Fax: (713) 261-0845

CERTIFICATION and AGREEMENT

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

PRINT Applicant Name: THE M.W.KELLOGG COMPANY

Signature: [signature] Date: 5/26/94

REQUEST FOR SPACE SEGMENT TO BE USED WITH LAND-BASED SES TERMINALS

The Federal Communications Commission (FCC) requires COMSAT Mobile Communications to obtain authorization for providing space segment to be used in providing services via land-based ship earth station terminals. The FCC will authorize COMSAT to provide space segment for such services only under certain conditions. The FCC will approve temporary limited use of such stations only where no other means of communications are available such as in the case of emergency situations resulting from disasters or where these terminals are the only adequate means of meeting urgent communications requirements in remote locations. In order to enable us to obtain FCC authorization, the following information is required.

Applicant: MARC L MACAcoff for The M.W. Kellogg Company

Brief description of applicant's business: Construction of facilities in the energy business sector.

Ultimate user of terminal: ~~Applicant~~ Employees of the M.W. Kellogg Company

Who will operate the terminal?: Employees of Applicant's Company

Where will the terminal be operated? Typically in remote field locations.

Explain the services for which the terminal will be used and why no other means of communications are available: Remote locations are not near land lines or local communications may be effected during emergencies.

What is the required timeframe for use of the terminal for this service? IMMEDIATE

Have you obtained authorization from the FCC (commercial applicants) or NTIA (USG applicants) for ground segment use of the terminal? Please provide authorization date or date the authorization request was submitted. 5/26/94

**(NOTE) - Customers are to be informed that they are responsible for filing with the FCC' Office of Engineering Technology an experimental license form (Form 442) which is the procedure the FCC follows for these TAs. This applies to all Land-Based terminals for domestic (U.S.) only.