

FCC FORM 442

FCC
USE
ONLY

FCC/MELLON FEB 25 1998 0138

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5
OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

SECTION I

APPLICANT NAME (Last, first, middle initial)

US Sea Launch

MAILING ADDRESS (Line 1) (Maximum 85 characters - refer to Instruction (2) on reverse of form)

P.O. Box 32889

MAILING ADDRESS (Line 2) (If required) (Maximum 85 characters)

CITY

Long Beach

STATE OR COUNTRY (If foreign address)

CA

ZIP CODE

90832-2889

CALL SIGN OR FILE NUMBER

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)

(B)

(C)

(1)

FEE TYPE CODE

E A E

FEE MULTIPLE
(If required)

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

\$ 45.00

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SECTION II

— To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

FEE TYPE CODE

(B)

FEE MULTIPLE
(If required)

(C)

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

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(2)

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(3)

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\$	
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(4)

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\$	
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(5)

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\$	
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ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED
WITH THIS APPLICATION
OR FILING

\$

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75.00