DATA NETWORK IDENTIFICATION CODE FILING FOR OFFICIAL USE ONLY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: ITU-D

| Name: | Sky Earth Communications | Phone Number: | 415-890-5873 |
|-----------------|--------------------------|---------------|--------------------|
| DBA Name: | | Fax Number: | |
| Street: | 25 Van Ness Ave | E-Mail: | klsz2019@gmail.com |
| | Ste 340 | | |
| City: | San Francisco | State: | CA |
| Country: | USA | Zipcode: | 94102 -6088 |
| Attention: | Kaylee Lynn Stein | | |

| Name: | Sky Earth Communications | Phone Number: | | 415-890-5873 |
|-----------------------------|--------------------------------------|---------------|------------------------------|--------------------|
| Company: | Sky Earth Communications | Fax Nu | mber: | |
| Street: | 181 Fremont St | E–Mail | : | klsz2019@gmail.com |
| | unit 65c | | | |
| City: | San Francisco | State: | | CA |
| Country: | USA | Zipcode: | | 94102 -6088 |
| Attention: | | Relation | nship: | Engineer |
| te: Please submit ang e: | y needed attachments for the given r | request | From Company: To Company: | |
| | Attachment 1: | | From Code: | To Code: |
| | Attachment 2: | | | |
| | Attachment 3: | | | |
| | | | | |

| 6. International Service ITU–D | | | | | | | |
|--|----------|------|--|--|--|--|--|
| 7. Action Requested (If the complete description does not appear in this box, please go to the end of the form to Sky Earth Communications is requesting the delegation for the status to provide Telecommunication Development Sector (ITU-D) a Development License. and to be carrier for Data, Internet, AM, FM, Television, and Satellite Provider. | de The I | TU | | | | | |
| 8. Code assignments held in excess of 18 months without implementation must be returned to this Administrator for reassignment. Unless this office is specifically notified of the actual implementation of assignments, it will be assumed that those implementations did not occur and such assignments will be available for reassignment. I have read and understand these conditions. | • Yes | O No | | | | | |
| 9. I am aware that all DNIC assignments are provisional and that nobody has a property right in a DNIC. I am aware that the Commision may take an assigned DNIC and reassign it to another person. | Yes | O No | | | | | |
| 10. I certify that all necessary local, state, and federal authorizations needed have been obtained. | • Yes | O No | | | | | |

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