INTERNATIONAL SECTION 214 SPECIAL TEMPORARY AUTHORITY APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: RCI requests special temporary authority to continue operations while the Commission reviews its transfer of control application.

1. Applicant				
Na	ame:	Reliance Communications, Inc.	Phone Number:	212-319-3755
D	BA Name:		Fax Number:	
St	treet:	570 Lexington Avenue	E-Mail:	
		38th Floor		
Ci	ity:	New York	State:	NY
C	ountry:	USA	Zipcode:	10022 –
At	ttention:	Mr Michael Sauer		

2. Conta	ct					
	Name:	Christopher Tai	Phone Number:	202–429–6448		
	Company:	Steptoe & Johnson LLP	Fax Number:			
	Street:	1330 Connecticut Ave., NW	E-Mail:			
	City:	Washington	State:	DC		
	Country:	USA	Zipcode:	20036 –		
	Contact Title:		Relationship:	Legal Counsel		
3. P	lace of Incorpora	tion of ApplicantDelaware				
4. Other	r Company(ies) a	and Place(s) of Incorporation				
	ce Type(s) (check	< all that apply) lobal Facilities–Based Authority (\$	Section 63 $18(a)(1)$			
		-				
	Global or Limited Global Resale Authority (Section 63.18(e)(2))					
Individual Facilities-Based Service (Section 63.18(e)(3))						
Individual Switched Resale Service (Section 63.18(e)(3)) Individual Facilities–Based and Resale Service (Section 63.18(e)(3))						
Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))						
Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))						
Overseas Cable Construction (Section 63.18(e)(3))						
Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))						
$\Box \text{ Other (Section 63.18(e)(3))}$						

TYPE OF REQUEST	
6. New Request O Extend STA Date O Other	7. Date Authorization Needed: 11/10/2006
8. Is a fee submitted with this application?If Yes, complete and attach FCC Form 159. If No, indicate reason and attach FCC Form 159. If No, indicate reason and attach FCC Form 159. If No, indicate reason and attach FCC Form 159. If No, indicate reason and attach FCC Form 159. If No, indicate reason are specified.	for fee exemption (see 47 C.F.R.Section 1.1114).
Governmental Entity Noncommercial educational licensee	
• Other(please explain):	
9. Description of Special Temporary Authority Requested.(If the complete description does not appear in this box, please go to the	e end of the form to view it in its entirety.)
RCI requests special temporary aut the Commission reviews its transfe	chority to continue operations while er of control application.
10. In Attachment 1, provide justification of need for special temporary	v authority requested.
11. If this request for Special Temporary Authority is associated with a number [e.g., ITC-214-19930101-23412] or the IB Submission ID of File Number ITCT/CINTR200603026 or Submission ID	ny pending applications filed with the Commission, enter either the file the pending application [e.g., IB200311111] AND go to question 16.)
Applicant certifies that its responses to questions 11 through 17 a	ire true:
12. If the applicant is a foreign carrier, or is affiliated (as defined in 4 ²) the information and certifications required by Section 63.18(i) throug	7 C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 h (m).

13. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) of Section 63.18(j)? If yes, list those destinations in Attachment 1 as a response to question 12.	• Yes	O No
14. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13.	O Yes	No
15. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applica direct and indirect shareholders or other equity holders, and identify any interlocking directorates.	ant's ten perc	ent or greater
16. In Attachment 1, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.		
17. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	• Yes	O No
18. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future.	● Yes	O No

CERTIFICATION

19. Typed Name of Person Signing Michael Sauer		20. Title of Person Signing Exec. Vice President & Treasurer	
(U.S. Code, Title 18, S	TS MADE ON THIS FORM ARE PUNISH Section 1001), AND/OR REVOCATION OF Section 312(a)(1)), AND/OR FORFEITURE	ANY STATION AUTHORIZATIO	N
21. 1: Attachment 1	2: Attachment 2	3:	

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