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: See Attachment 1

1. Applicant			
Name:	KGM Circuit Solutions, LLC	Phone Number:	212-258-5582
DBA Name:		Fax Number:	212-807-0316
Street:	162 Fifth Ave	E-Mail:	aableman@westcom.com
City:	New York	State:	NY
Country:	USA	Zipcode:	10010 –
Attention:	Adam J Ableman		

Name:	Jeffrey Marks	Phone Number:	202-637-2200
Company:	Latham & Watkins LLP	Fax Number:	202-637-2201
Street:	555 Eleventh Street, NW.	E-Mail:	jeffrey.marks@lw.com
	Suite 1000		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -1304
Contact Title:	Jeffrey A. Marks	Relationship:	Legal Counsel
her Company(ies) an		(Saction 63, 18(a)(1))	
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TYPE OF REQUEST	
6. • New Request • Extend STA Date • Other	7. Date Authorization Needed: 04/09/2007
8. Is a fee submitted with this application?a If Yes, complete and attach FCC Form 159. If No, indicate and attach FCC Form 159. If No, indicat	reason for fee exemption (see 47 C FR Section 1 1114)
 If Yes, complete and attach FCC Form 159. If No, indicate a Governmental Entity Noncommercial educational license 	-
Other(please explain):	
 9. Description of Special Temporary Authority Requested. (If the complete description does not appear in this box, please generations) 	go to the end of the form to view it in its entirety.)
See Attachment 1	
10. In Attachment 1, provide justification of need for special ter	nporary authority requested.
	d with any pending applications filed with the Commission, enter either the file on ID of the pending application [e.g., IB200311111] AND go to question 16.)
Applicant certifies that its responses to questions 11 through	gh 17 are true:
12. If the applicant is a foreign carrier, or is affiliated (as define the information and certifications required by Section 63.18(i)	ed in 47 C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 through (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.	• Yes	O No
15. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applic direct and indirect shareholders or other equity holders, and identify any interlocking directorates.	ant's ten pero	cent 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 Adam J. Ableman		20. Title of Person Signing EVP & General Counsel			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).					
21. 1: Attachment 1	2:	3:			

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