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: Request for Extension of Special Temporary Authority

1. Applicant			
Name:	VIP Communications, Inc.	Phone Number:	703–708–1515
DBA Name:		Fax Number:	703–708–1518
Street:	P.O. Box 1517	E-Mail:	grahamm@joinvip.com
City:	Sterling	State:	VA
Country:	USA	Zipcode:	20167 –
Attention:	Mr Graham M Milne		

2. Contact					
Name:	Peter M. Connolly, Esq.	Phone Number:	(202)955-3000		
Company:	Holland & Knight LLP	Fax Number:	(202)955–5564		
Street:	2099 Pennsylvania Avenue, NW	E-Mail:	Peter.Connolly@hklaw.com		
	Suite 100				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20006 -6801		
Contact Title:	Peter M. Connolly	Relationship:	Legal Counsel		
3. Place of Incorporat	ion of ApplicantVirginia				
1	nd Place(s) of Incorporation				
none					
5. Service Type(s) (check	all that apply) obal Facilities–Based Authority (Se	ction 63.18(e)(1))			
	obal Resale Authority (Section 63.1				
	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 Cons	truction (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 • Extend STA Date • Other	7. Date Authorization Needed:03/09/2009
Q Is a fact unknown that with this application?	
8. Is a fee submitted with this application?If Yes, complete and attach FCC Form 159. If No, indicate reason for	or 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	end of the form to view it in its entirety.)
Request for Extension of Special Te	mporary Authority
10. In Attachment 1, provide justification of need for special temporary	authority requested.
11. If this request for Special Temporary Authority is associated with an number [e.g., ITC-214-19930101-23412] or the IB Submission ID of t File Number or Submission ID IB2008002941	
Applicant certifies that its responses to questions 11 through 17 ar	e true:
12. If the applicant is a foreign carrier, or is affiliated (as defined in 47 the information and certifications required by Section 63.18(i) through	C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 (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.	O Yes	● 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	lo 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 per	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 Graham M. Milne		20. Title of Person Signing President and CEO				
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: Exhibit 1	2:	3:				

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