INTERNATIONAL SECTION 214 SPECIAL TEMPORARY AUTHORITY APPLICATION FCC FORM 214STA FOR OFFICIAL USE ONLY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: Pursuant to Section 63.25 of the Commission

| Name: | American Samoa License, Inc. | Phone Number: | 684–699–2759 x1016 |
|------------------|------------------------------|---------------|------------------------------|
| DBA Name: | | Fax Number: | 684–699–6593 |
| Street: | 478 Lafou Shopping Center | E–Mail: | adolfo.montenegro@bluesky.as |
| | P.O. Box 478 | | |
| City: | Pago Pago | State: | AS |
| Country: | USA | Zipcode: | 97699 -0478 |
| Attention: | Mr Adolfo Montenegro | | |

| 2. Conta | ict | | | | | | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------|-------------------------------|--|--|--|
| | Name: | Kent D. Bressie | Phone Number: | 202-730-1337 | | | |
| | Company: | Wiltshire & Grannis LLP | Fax Number: | 202-730-1301 | | | |
| | Street: | 1200 18th Street, N.W. | E-Mail: | kbressie@wiltshiregrannis.com | | | |
| | | Suite 1200 | | | | | |
| | City: | Washington | State: | DC | | | |
| | Country: | USA | Zipcode: | 20036 -2516 | | | |
| | Contact Title | : | Relationship: | Legal Counsel | | | |
| | | | | | | | |
| 3. P | lace of Incorpora | ation of ApplicantAmerican Same | oa | | | | |
| 4. Othe | r Company(ies) | and Place(s) of Incorporation | | | | | |
| | | | | | | | |
| | | k all that apply) Global Facilities–Based Authority | $(S_{action} 62 19(a)(1))$ | | | | |
| | | • | | | | | |
| | 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 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 | | | |
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| 6. • New Request • Exten | nd STA Date O Other | 7. Date Authorization Needed: 02/06/2009 | |
| | | | |
| 8. Is a fee submitted with this a fee submitted with the fee submitted with this a fee submitted with this a fee submitted with this a fee submitted with the fee submitted with t | | for fee exemption (see 47 C.F.R.Section 1.1114). | |
| • Governmental Entity • Nonco | | | |
| • Other(please explain): | | | |
| 9. Description of Special Temporary (If the complete description does no | | ne end of the form to view it in its entirety.) | |
| Pursuant to | o Section 63.25 of the C | Commission | |
| 10. In Attachment 1, provide justific | ation of need for special temporary | y authority requested. | |
| | 23412] or the IB Submission ID of | iny pending applications filed with the Commission, ent f the pending application [e.g., IB200311111] AND go t | |
| Applicant certifies that its respon | ses to questions 11 through 17 a | are true: | |
| 12. If the applicant is a foreign carr the information and certifications r | | 7 C.F.R. Section 63.09(e)) with a foreign carrier, provid h (m). | e in Attachment 1 |

| 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 Adolfo Montenegro | | 20. Title of Person Signing President | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------|--|--|--|
| 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: Application | 2: | 3: | | | |

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