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: ASLI seeks to renew its prior STA authority in ITC-STA-20130318-00077.

| 1. App | licant | | | |
|--------|-------------------|------------------------------|---------------|------------------------------|
| | 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 | | |
| | recention. | Wil Madio Montenegro | | |

| 2. Contact | : | | | |
|------------|-----------------------------------|---|------------------------------|-------------------------------|
| | Name: | Kent 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 -2560 |
| | Contact Title: | Kent Bressie | Relationship: | Legal Counsel |
| | | | | |
| 3. Plac | ce of Incorporati | ion of ApplicantAmerican Samo | a | |
| 4. Other 0 | Company(ies) ar | nd Place(s) of Incorporation | | |
| 5 Camiaa | True a (a) (ala a ala | all that analys | | |
| | Type(s) (check all or Limited Glo | an that apply) bal Facilities—Based Authority | (Section 63.18(e)(1)) | |
| لتحتا | | obal Resale Authority (Section 6 | | |
| | | Based Service (Section 63.18(e) | | |
| Indivi | dual Switched R | Resale Service (Section 63.18(e) | (3)) | |
| Indivi | dual Facilities-l | Based and Resale Service (Section | on 63.18(e)(3)) | |
| Switch | hed Services over | er Private Lines (ISR) (Section 6 | 3.16 and/or 63.18 (e)(3)) | |
| Inmar | sat and Mobile S | Satellite Service (Section 63.18) | e)(3)) | |
| Overs | eas Cable Const | ruction (Section 63.18(e)(3)) | | |
| | | connected Private Line Resale So | ervice (Section 63.18(e)(3)) | |
| Other | (Section 63.18(| e)(3)) | | |

| TYPE OF REQUEST | |
|--|---|
| 6. New Request Extend STA Date Other 7. Date Authorization Needed: 09/11/2013 | |
| 8. Is a fee submitted with this application? | - |
| if Yes, complete and attach FCC Form 159. If No, indicate reason 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 end of the form to view it in its entirety.) | |
| ASLI seeks to renew its prior STA authority in ITC-STA-20130318-00077. | |
| 10. In Attachment 1, provide justification of need for special temporary authority requested. | |
| 11. If this request for Special Temporary Authority is associated with any pending applications filed with the Commission, enter either the file number [e.g., ITC-214-19930101-23412] or the IB Submission ID of the pending application [e.g., IB200311111] AND go to question 16.) File Number or Submission ID | |

Applicant certifies that its responses to questions 11 through 17 are true:

12. If the applicant is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 the information and certifications required by Section 63.18(i) 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 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 | 20. Title of l | Person Signing | |
|----------------------------------|---|-----------------|--|
| Adolfo Montenegro | President | | |
| (U.S. Code, Title 18, Sec | MADE ON THIS FORM ARE PUNISH tion 1001), AND/OR REVOCATION Of ection 312(a)(1)), AND/OR FORFEITUR | | |
| 21. 1: STA Extension | 2: Attachment 1 | 3: Attachment 2 | |
| | | | |

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