



November 2, 1990

NOV 5 1990

Federal Communications Commission  
Common Carrier Domestic Satellites  
P.O. Box 358160  
Pittsburgh, PA 15251-5160

Dear Sir or Madam:

On behalf of Ellipsat Corporation, I am transmitting herewith an original and nine copies of its application for authority to construct an elliptical orbit satellite system, ELLIPSO® I. In addition to a comprehensive system proposal, six separate applications are included, one for each satellite to be constructed.

The proposed satellite system will operate in the 1610-1626.5 MHz (uplink) and 2483.5-2500 MHz (downlink) bands, and will provide radiodetermination satellite services. Mobile cellular services will be provided on an ancillary basis. Because the proposed system utilizes state-of-the-art technology that is readily available, it can be rapidly implemented thereby providing the benefits of nationwide coverage on an expeditious and cost effective basis. The system will utilize CDMA technology, which provides such public interest benefits as superior technical quality, "seamless" roaming, ability to accommodate multiple systems within the same frequency allocation, and interconnection with the telephone network.

This application is filed in response to the Commission's Public Notice, Report No. DS-999, released September 4, 1990, in which applications of Geostar Positioning Corporation ("Geostar") were accepted for filing. In that the Geostar applications involve substantial and material modifications of its authorized system, Geostar has effectively applied for a new satellite system. Accordingly, pursuant to

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Commission Rule 25.392(b), the September 4, 1990 Public Notice establishes a sixty day cut-off period for the filing of applications to be considered in conjunction with the Geostar applications, and the subject application is timely filed.

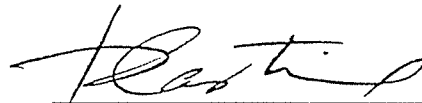
Six checks for \$2,030 each are enclosed to cover the filing fees, along with six fee processing forms (FCC Form 155). It is requested that a date-stamped copy of the transmittal letter be returned. A stamped, addressed envelope is provided for this purpose.

Should there be any questions concerning this matter, kindly communicate with the undersigned or with our attorney, Jill Abeshouse Stern, Esquire, Miller & Holbrooke, 1225 19th Street, N.W., Suite 400, Washington, D.C. 20036 (202) 785-0600.

Sincerely yours,

ELLIPSAT CORPORATION

By



David Castiel  
Chairman and  
Chief Executive Officer

JAS:bym  
Enclosures

FEE PROCESSING FORM

FOR  
FCC  
USE  
ONLY

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

**SECTION I**

APPLICANT NAME (Last, first, middle initial)

Ellipsat Corporation

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)

c/o Jill Abeshouse Stern

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

1225 19th St. N.W. Suite 400

CITY

Washington

STATE OR COUNTRY (if foreign address)

ZIP CODE

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

D.C.

20036

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

	(A)	(B)	(C)	FOR FCC USE ONLY
	FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1)	B B Y	1	\$ 2,030.00	

**SECTION II** — To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

	(A)	(B)	(C)	FOR FCC USE ONLY
	FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(2)			\$	
(3)			\$	
(4)			\$	
(5)			\$	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	FOR FCC USE ONLY
\$ 2,030.00	

FEDERAL COMMUNICATIONS COMMISSION  
**FEE PROCESSING FORM**

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