

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Transfer of Control of 4 non-common carrier Earth Stations to CapRock Holdings

1. Applicant

Name:	IWL COMMUNICATIONS INC DBA CAPROCK SERVICES CORP	Phone Number:	2814820289
DBA Name:		Fax Number:	2814829144
Street:	12000 Aerospace Avenue, Suite 300	E-Mail:	kbeuchaw@cprk.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77034 -
Attention:			

2. Contact

Name:	Ruth Pritchard-Kelly	Phone Number:	202-424-7500
Company:	Swidler Berlin Shereff Friedman	Fax Number:	202-295-8478
Street:	3000 K Street NW Suite 300	E-Mail:	RPKelly@Swidlaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20007 -5116
Contact Title:	Attorney	Relationship:	Legal Counsel

3. Reference File Number SEST/C2000100601902

4a. 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):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
03/14/2002

7. CityHouston

8. Latitude
(dd mm ss.s h) 0 0 0.0 N

9. State TX	10. Longitude (dd mm ss.s h) 0 0 0.0 W
11. Please supply any need attachments. Attachment 1: Attachment 2: Attachment 3:	
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Please See Attached</div>	
13. 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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing David R. Conn	15. Title of Person Signing Assistant Secretary
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).	