## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Spacelink STA to operate pending approval of transfer to CapRock Holdings, Inc.

1. Applicant

Name: Spacelink Systems, Inc. Phone Number: 2814820289

DBA Name: Fax Number:

Street: 12000 Aerospace Ave. E-Mail:

Suite 200

City: Houston State: TX

**Country:** USA **Zipcode:** 77031 –

**Attention:** Mr Errol Olivier

2. Contac	et					
	Name:	Ruth Pritchard–Kelly	Phone Numb	er:	202-424-7500	
	Company:	Swidler Berlin Shereff Friedman, LLP	Fax Number	;	202-295-8478	
	Street:	3000 K St., NW	E-Mail:		RPKelly@swidlaw.co	om
		Suite 300				
	City:	Washington	State:		DC	
	<b>Country:</b>	USA	Zipcode:		20007 -5116	
	Contact Title:	Attorney	Relationship	:	Legal Counsel	
4a. Is a  If Yes  Gover	, complete and	with this application? I attach FCC Form 159. If No, indi		fee exemption (see 4	7 C.F.R.Section 1.1114	l).
4b. Fee Cl	lassification	CGV – Fixed Satellite VSAT System	n			
5. Type Ro	equest Prior to Grant	Change	e Station Location	on	Other	
-		<u>-</u>			_	
•	ted Use Prior I 14/2002	Date				
7. Cityvarious				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: VSATSTA 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.)							
Please see Attachment 1 for a description of	this transaction.						
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.							
14. Name of Person Signing Errol Olivier	15. Title of Person Signing Vice 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).							