

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Special Temporary Authority for Pro Forma Transfer of Control

1. Applicant

Name:	Tachyon, Inc.	Phone Number:	858-882-8194
DBA Name:		Fax Number:	858-882-8136
Street:	5808 Pacific Century Boulevard	E-Mail:	ttuttle@tachyon.net
City:	San Diego	State:	CA
Country:	USA	Zipcode:	92121 -
Attention:	Mr. F. Thomas Tuttle		

2. Contact

Name:	William K. Coulter	Phone Number:	202-736-1811
Company:	Coudert Brothers LLP	Fax Number:	202-775-1168
Street:	1627 I Street, N.W.	E-Mail:	coulterw@coudert.com
	Suite 1200		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Contact Title:	Partner	Relationship:	Legal Counsel

3. Reference File Number

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 CGV – Fixed Satellite VSAT System

5. Type Request

Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

08/21/2002

7. City San Diego

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

9. State CA

10. Longitude
(dd mm ss.s h) 0 0 0.0

11. Please supply any need attachments.

Attachment 1: STA

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.)

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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.

Yes

No

14. Name of Person Signing
William K. Coulter

15. Title of Person Signing
Counsel for

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).