FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

Iridium Constellation

1. Applicant

Name: Iridium Constellation LLC Phone Number: 703–465–1000

DBA Name: Fax Number: 703–465–1038

Street: 1600 Wilson Blvd. E-Mail: pat.mahoney@iridium.com

Suite 1000

City: Arlington State: VA

Country: USA **Zipcode:** 22209 –2594

Attention: Ms. Pat Mahoney

2. Contact	t					
	Name:	Peter D. Shields	Phone Nu	ımber:	202-719-7000	
	Company:	Wiley Rein & Fielding LLP	Fax Num	ber:	202-719-7207	
	Street:	1776 K Street, N.W.	E-Mail:		pshields@wrf.com	
	City:	Washington	State:		DC	
	Country:	USA	Zipcode:		20006 –	
	Contact Title:		Relations	ship:	Legal Counsel	
			h the Commiss	ion, enter the file number	er below.)	
		* *	ndicate reason	for fee exemption (see 4	7 C.F.R.Section 1.1114).	
O Gover	rnmental Entity	y Noncommercial education	al licensee			
Other	Street: 1776 K Street, N.W. E-Mail: pshields@wrf.com City: Washington State: DC Country: USA Zipcode: 20006 - Contact Relationship: Legal Counsel Title: Tyour application is related to an application filed with the Commission, enter the file number below.) Reference File Number Is a fee submitted with this application? fyes, 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): ee Classification CXW - Space Station (Non-Geostationary) pe Request Change Station Location Extend Expiration Date					
4b. Fee Cl	lassification	CXW – Space Station (Non–Geos	stationary)			
5. Type Ro	equest					
O Chan	a. 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): Fee Classification CXW – Space Station (Non–Geostationary) type Request Change Station Location Extend Expiration Date Other					

8. Description	(If the complete description do	es not appear in this box,	please go to the end of t	he form to view it in its entirety.))					
				special temporary auth 20.10-1621.35 MHz freq	_					
9. 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.										
10. Name of Per Michael Deutscl	5 5		11. Title of Person Signing General counsel							
12. Please suppl	y any need attachments.		l							
Attachment 1:	1	Attachment 2:		Attachment 3:						
WILI	(U.S. Code, Title 18, Secti	on 1001), AND/OR REV	OCATION OF ANY STA	Y FINE AND / OR IMPRISONM ATION AUTHORIZATION ode, Title 47, Section 503).	MENT					

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