

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:

SES Americom AMC-4 further extension request – SAT-STA-20021219-00235

1. Applicant

<b>Name:</b>	SES Americom, Inc.	<b>Phone Number:</b>	609-987-4187
<b>DBA Name:</b>		<b>Fax Number:</b>	609-987-4233
<b>Street:</b>	Four Research Way	<b>E-Mail:</b>	nancy.eskenazi@ses-amicom.com
<b>City:</b>	Princeton	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	08540 -6684
<b>Attention:</b>	Nancy J. Eskenazi		

2. Contact	
<b>Name:</b> Karis A. Hastings	<b>Phone Number:</b> 202-637-5767
<b>Company:</b> Hogan & Hartson L.L.P.	<b>Fax Number:</b> 202-637-5910
<b>Street:</b> 555 Thirteenth Street, NW	<b>E-Mail:</b> KAHastings@HHLaw.com
<b>City:</b> Washington	<b>State:</b> DC
<b>Country:</b> USA	<b>Zipcode:</b> 20004 - 1109
<b>Contact Title:</b>	<b>Relationship:</b> Legal Counsel
(If your application is related to an application filed with the Commission, enter the file number below.)	
3. Reference File Number SATMOD2002110800207	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other (please explain):	
4b. Fee Classification    CRY – Space Station (Geostationary)	
5. Type Request	
<input type="radio"/> Change Station Location <input type="radio"/> Extend Expiration Date <input checked="" type="radio"/> Other	
6. Temporary Orbit Location	7. Requested Extended Expiration Date

8. 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.)

By this application, SES Americom, Inc., requests further extension of its special temporary authority (STA) to provide direct-to-home service using AMC-4 pending action on its request for permanent direct-to-home authority for this satellite.

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.  Yes  No

10. Name of Person Signing  
Nancy J. Eskenazi

11. Title of Person Signing  
Vice President and Associate General Counsel

12. Please supply any need attachments.

Attachment 1: Att. 1

Attachment 2:

Attachment 3:

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).

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