

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

<b>Name:</b>	Iridium Constellation LLC	<b>Phone Number:</b>	703-465-1000
<b>DBA Name:</b>		<b>Fax Number:</b>	703-465-1038
<b>Street:</b>	1600 Wilson Blvd. Suite 1000	<b>E-Mail:</b>	pat.mahoney@iridium.com
<b>City:</b>	Arlington	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	22209 -2594
<b>Attention:</b>	Ms. Pat Mahoney		

2. Contact	
<b>Name:</b>	Peter D. Shields
<b>Company:</b>	Wiley Rein & Fielding LLP
<b>Street:</b>	1776 K Street, N.W.
<b>City:</b>	Washington
<b>Country:</b>	USA
<b>Contact Title:</b>	
<b>Phone Number:</b>	202-719-7000
<b>Fax Number:</b>	202-719-7049
<b>E-Mail:</b>	pshields@wrf.com
<b>State:</b>	DC
<b>Zipcode:</b>	20006 -
<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	
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    CXW – Space Station (Non-Geostationary)	
5. Type Request	
<input type="radio"/> Change Station Location <input checked="" type="radio"/> Extend Expiration Date <input type="radio"/> Other	
6. Temporary Orbit Location	7. Requested Extended Expiration Date 2003-08-12 00:00:00.0

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.)

Iridium Constellation LLC ('Iridium') seeks extension of its special temporary authority ('STA') to provide global mobile satellite service ('MSS') 1620.10-1621.35 MHz frequency band from July 13, 2003 through and including August 11, 2003.

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  
Michael Deutschman

11. Title of Person Signing  
General counsel

12. Please supply any need attachments.

Attachment 1: STA letter

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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