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File Number: SAT-STA-20031126-00342

Callsign:

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:

G8I Deorbit STA

1. Applicant

Name:	PanAmSat Licensee Corp.	Phone Number:	202-292-4300
DBA Name:		Fax Number:	202-292-4378
Street:	1801 K Street, N.W. Suite 440	E-Mail:	
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	Mr Kalpak S Gude Esq		

2. Contact

Name:	Joseph A. Godles, Esq.	Phone Number:	202-429-4900
Company:	Goldberg, Godles, Wiener & Wright	Fax Number:	202-429-4912
Street:	1229 19th Street, NW	E-Mail:	jgodles@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Contact Title:	Attorney	Relationship:	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?

- 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 CRY – Space Station (Geostationary)

5. Type Request

- Change Station Location Extend Expiration Date 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.)

PanAmSat Licensee Corp. hereby requests STA to continue operating TTC on Galaxy VIII(I) in order to perform end of life maneuvers.

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
Kalpak Gude

11. Title of Person Signing
Associate General Counsel

12. Please supply any need attachments.

Attachment 1: Attach

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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