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File Number: SAT-STA-20040614-00115

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:

C-1 STA Extension 6-14-04

1. Applicant

|                   |                    |                      |                                 |
|-------------------|--------------------|----------------------|---------------------------------|
| <b>Name:</b>      | SES Americom, Inc. | <b>Phone Number:</b> | 609-987-4000 x4187              |
| <b>DBA Name:</b>  |                    | <b>Fax Number:</b>   | 609-987-4233                    |
| <b>Street:</b>    | 4 Research Way     | <b>E-Mail:</b>       | nancy.eskenazi@ses-americom.com |
| <b>City:</b>      | Princeton          | <b>State:</b>        | NJ                              |
| <b>Country:</b>   | USA                | <b>Zipcode:</b>      | 08540 -                         |
| <b>Attention:</b> | Ms Nancy Eskenazi  |                      |                                 |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Contact                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |
| <b>Name:</b> Karis A. Hastings<br><b>Company:</b> Hogan & Hartson L.L.P.<br><b>Street:</b> 555 Thirteenth Street, NW<br><br><b>City:</b> Washington<br><b>Country:</b> USA<br><b>Contact Title:</b>                                                                                                                                                         | <b>Phone Number:</b> 202-637-5767<br><b>Fax Number:</b> 202-637-5910<br><b>E-Mail:</b> KAHastings@HHLaw.com<br><br><b>State:</b> DC<br><b>Zipcode:</b> 20004 -1109<br><b>Relationship:</b> Legal Counsel |
| (If your application is related to an application filed with the Commission, enter the file number below.)<br>3. Reference File Number SATSTA2003121500356                                                                                                                                                                                                  |                                                                                                                                                                                                          |
| 4a. Is a fee submitted with this application?<br><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).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                                                                                                                                                                                          |
| 4b. Fee Classification    CRY – Space Station (Geostationary)                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input type="radio"/> Change Station Location</span> <span><input checked="" type="radio"/> Extend Expiration Date</span> <span><input type="radio"/> Other</span> </div>                                                                                          |                                                                                                                                                                                                          |
| 6. Temporary Orbit Location<br>37.5 W. L.                                                                                                                                                                                                                                                                                                                   | 7. Requested Extended Expiration Date<br>2004-12-17 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.)

See Att. 1

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 & 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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