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File Number: SAT-STA-20050819-00164

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:

AMC-6 STA to test - addition of extended Ku-Band and revised coverage (8/2005)

1. Applicant

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

2. Contact

Name:	Karis A. Hastings	Phone Number:	202-637-5767
Company:	Hogan & Hartson L.L.P.	Fax Number:	202-637-5910
Street:	555 Thirteenth Street, NW	E-Mail:	KAHastings@HHLaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -1109
Attention:		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.)

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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