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File Number: SAT-STA-20060905-00097

Callsign:

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

GeneSat-1 Space Station STA Application

1. Applicant

Name:	Inland Northwest Space Alliance	Phone Number:	406-859-3105
DBA Name:		Fax Number:	
Street:	PO Box 39	E-Mail:	mmiller@inwspace.org
City:	Philipsburg	State:	MT
Country:	USA	Zipcode:	59858 -0039
Attention:	Mr Michael L Miller		

2. Contact

Name:	Inland Northwest Space Alliance	Phone Number:	406-859-3105
Company:		Fax Number:	
Street:	PO Box 39	E-Mail:	mmiller@inwspace.org
City:	Philipsburg	State:	MT
Country:	USA	Zipcode:	59858 -0039
Attention:	Mr Michael L Miller	Relationship:	Engineer

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number or Submission ID

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): Not For Profit Organization

4b. Fee Classification CXW – Space Station (Non-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.)

Background

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 L. Miller

11. Title of Person Signing
Lead Systems Engineer

12. Please supply any need attachments.

Attachment 1: DebrisAssess.doc

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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