Date & Time Filed: Oct 2 2006 6:05:41:266PM File Number: SAT-STA-20061002-00114

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:

Request for Special Temporary Authority

1. Applicant

Name: XM Radio Inc. Phone Number: 202–380–1383

DBA Name: Fax Number: 202–380–1373

Street: 1500 Eckington Place, NE E–Mail: james.blitz@xmradio.com

City: Washington State: DC

Country: USA Zipcode: 20002 -

Attention: James S. Blitz

| 2. Contact | | | | | | | |
|--|--|--|-----------|---------------------------------------|-------------------------|--|--|
| | Name: | James S. Blitz | Phone Nu | ımber: | 202-380-1383 | | |
| | Company: | XM Radio Inc. | Fax Num | ber: | 202-380-1373 | | |
| | Street: | 1500 Eckington Place, NE | E-Mail: | | james.blitz@xmradio.com | | |
| | City: | Washington | State: | | DC | | |
| | Country: | USA | Zipcode: | | 20002 – | | |
| | Attention: | | Relations | ship: | | | |
| 4a. Is a If Yes, Gover | fee submitted complete and | with this application? attach FCC Form 159. If No, in Noncommercial education (a): | | for fee exemption (see 47 | C.F.R.Section 1.1114). | | |
| 4b. Fee Classification CRY – Space Station (Geostationary) | | | | | | | |
| | Type Request Change Station Location Extend Expiration Date Other | | | | | | |
| 6. Temporary Orbit Location | | | | 7. Requested Extended Expiration Date | | | |

| 8. Description (If the complete description | n does not appear in this box, | please go to the end of t | the form to view it in its entirety.) | | | | | |
|--|--------------------------------|------------------------------------|---------------------------------------|--|--|--|--|--|
| See attached letter. | | | | | | | | |
| 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. | | | | | | | | |
| 10. Name of Person Signing | | 11. Title of Person Signing | | | | | | |
| James S. Blitz | | Vice President, Regulatory Counsel | | | | | | |
| 12. Please supply any need attachments. | | | | | | | | |
| Attachment 1: XM STA Request Attachment 2: I | | s/Table | Attachment 3: Declaration | | | | | |
| | | | 1 | | | | | |
| 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. C | ode, Title 47, Section 503). | | | | | |

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