Approved by OMB 3060–0678

Date & Time Filed: Feb 22 2007 7:28:46:783PM File Number: SAT–STA–20070222–00037 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 30-Day Special Temporary Authority to Operate Very Low Power Repeaters and Signal Boosters at Indefinite Locations

1. Applican	nt			
	Name:	XM Radio Inc.	Phone Number:	202-380-1383
	DBA Name:		Fax Number:	202-380-4500
	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:	202-380-4500	
	Street:	1500 Eckington Place, NE	E-Mail:		james.blitz@xmradio.com	
	City:	Washington	State:		DC	
	<b>Country:</b>	USA	Zipcode:		20002 -	
	Attention:		Relations	ship:		
<ul><li>(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.)</li><li>3. Reference File Number or Submission ID</li></ul>						
<ul> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity</li> <li>Noncommercial educational licensee</li> </ul>						
• Other(please explain):						
4b. Fee Classification CRY – Space Station (Geostationary)						
5. Type Request						
Change Station Location C Extend Expiration Date Other						
6. Tempora N/	ary Orbit Loca 'A	tion		7. Requested Extended	Expiration Date	

8. Description	(If the complete descr	ption does not appear	in this box, please	e go to the end of the for	m to view it in its entirety.)
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XM Radio Inc. requests Special Temporary Authority to operate very low power terrestrial repeaters and signal boosters at events in various venues, at locations and on dates that cannot yet be identified, for a period of 30 days after grant of this request. See attached letter.

9. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject	Yes	No No
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.		

	<ol> <li>Title of Person Signing</li> <li>Vice President, Regulatory Counsel</li> </ol>
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12. Please supply any need attachments.

Attachment 1: Letter	Attachment 2: Exhibit	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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