Date & Time Filed: Oct 2 2008 5:47:46:010PM File Number: SAT-STA-20081002-00198

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:

Request for Special Temporary Authority to Operate a Terrestrial Repeater in Cincinnati, OH

1. Applicant

Name: XM Radio Inc. Phone Number: 202–380–4000

DBA Name: Fax Number: 202–380–4981

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:	202-380-4000
	Company:	XM Satellite Radio Inc.	Fax Num	ber:	202-380-4981
	Street:	1500 Eckington Place NE	E–Mail:		james.blitz@xmradio.com
	City:	Washington	State:		DC
	Country:	USA	Zipcode:		20002 –
	Attention:		Relations	hip:	Same
4a. Is a If Yes, Gover	fee submitted, complete and	with this application? attach FCC Form 159. If No, i Noncommercial education n):		for fee exemption (see 4'	7 C.F.R.Section 1.1114).
4b. Fee Cl	assification (CRY – Space Station (Geostation	ary)		
5. Type Re	equest ge Station Loc	ation C Exte	end Expiration	Date	• Other
6. Tempor	ary Orbit Loca	ntion		7. Requested Extended	Expiration Date

8. Description (If the complete description	n does not appear in this box	, please go to the end of th	ne form to view it in its entirety	.)					
XM Radio Inc. (XM) request terrestrial repeater in Ci		-	ntinue to operate a						
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 James S. Blitz		11. Title of Person Signing Vice President, Regulatory Counsel							
12. Please supply any need attachments.		!							
Attachment 1: Narrative & Exhibits	Attachment 2:		Attachment 3:						
· · · · · · · · · · · · · · · · · · ·	TS MADE ON THIS FORM ection 1001), AND/OR REV Section 312(a)(1)), AND/OI	VOCATION OF ANY STA	ATION AUTHORIZATION	MENT					

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