Approved by OMB 3060–0678

Date & Time Filed: Sep 30 2009 4:46:19:673PM File Number: SAT–STA–20090930–00102 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 Low Power Terrestrial Repeater in Las Vegas, Nevada for 180 Days

1. Applican	ıt			
	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@siriusxm.com
	City:	Washington	State:	DC
	Country:	USA	Zipcode:	20002 -
	Attention:	James S. Blitz		

2. Contact								
	Name:	James S. Blitz	Phone Nu	imber:	202-380-4000			
	Company:	Sirius XM Radio Inc.	Fax Num	ber:	202-380-4981			
	Street:	1500 Eckington Place NE	E-Mail:		james.blitz@siriusxm.com			
	City:	Washington	State:		DC			
	Country:	USA	Zipcode:		20002 –			
	Attention:		Relations	hip:	Same			
application 3. Refere 4a. Is a fo If Yes, Govern Other(j	. Please enter ence File Num ee submitted complete and mental Entity please explain	only one.) hber or Submission ID with this application? attach FCC Form 159. If No, i Moncommercial education h):	ndicate reason f nal licensee		e file number or the IB Submission ID of the related (see 47 C.F.R.Section 1.1114).			
4b. Fee Classification CRY – Space Station (Geostationary)								
5. Type Request								
• Chang	Change Station Location Extend Expiration Date Other							
6. Tempora	ry Orbit Loca	tion		7. Requested Exte	ended Expiration Date			

8. Description	(If the complete descr	iption does not appear in t	his box, please go to the end	of the form to view it in its entirety.)
0. Description	(If the complete deser	iption does not upped in t	and box, please go to the end	of the form to view it in its entirety.)

XM	Radio	Inc	. re	equests	Special	. Ter	mpora	ary A	uthority	to	opera	ate a low	power terres	strial	
rep	eater	in	Las	Vegas,	Nevada	for	180	days	pursuant	to	the	technical	parameters	listed	in
Exh	ibit	A.													

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.		

11. Title of Person Signing Vice President, Regulatory Counsel

12. Please supply any need attachments.

	Attachment 1: STA Request	Attachment 2:	Attachment 3:		
1 7					

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