Approved by OMB 3060–0678

Date & Time Filed: Dec 7 2009 3:27:28:323PM File Number: SAT–STA–20091207–00140 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 New Low Power Terrestrial Repeater in Las Vegas, Nevada for 30 Days

Name:	Sirius XM Radio Inc.	Phone Number:	212-584-5100
DBA Name:		Fax Number:	212-584-5353
Street:	1221 Avenue of the Americas	E-Mail:	
	36th Floor		
City:	New York	State:	NY
Country:	USA	Zipcode:	10020 –
Attention:	Patrick L. Donnelly		

2. Contact						
Na	me:	James S. Blitz	Phone Nu	umber:	202-380-4000	
Co	mpany:	Sirius XM Radio Inc.	Fax Num	ber:	202-380-4981	
Str	reet:	1500 Eckington Place NE	E-Mail:		james.blitz@siriusxm.com	
Cit	ty:	Washington	State:		DC	
Co	untry:	USA	Zipcode:		20002 –	
Att	tention:		Relations	ship:	Same	
 (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(plea	ase explain):				
4b. Fee Classification CXW – Space Station (Non–Geostationary)						
5. Type Request						
Change Station Location \bigcirc Extend Expiration Date \bigcirc Other						
6. Temporary Orbit Location7. Requested Extended Expiration Date				d 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.)

Sirius XM Radio Inc. requests Special Temporary Authority (STA) to operate a new low power terrestrial repeater in Las Vegas, Nevada for 30 days pursuant to the technical parameters listed in Exhibit A.

9. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject Yes 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.

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: STA Request	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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