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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 Two Low Power Terrestrial Repeaters in the Commonwealth of Puerto Rico for 60 Days

| 1. | 1. Applicant | | | | | | | | |
|----|--------------|-----------------------------|---------------|--------------|--|--|--|--|--|
| | 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 | | | | | |
|-----------------------------|-----------------------------|--|----------------|---------------------------------------|---------------------------|
| | Name: | James S. Blitz | Phone Nu | ımber: | 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 | ship: | Same |
| 4a. Is a If Yes Gover | fee submitted, complete and | with this application? I attach FCC Form 159. If No, i Noncommercial education 1): | | for fee exemption (see 4 | 47 C.F.R.Section 1.1114). |
| 4b. Fee Cl | assification | CXW – Space Station (Non–Geo | ostationary) | | |
| 5. Type Re | equest ge Station Loc | eation C Exte | end 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 | x, please go to the end of t | the form to view it in its entirety.) | | | | | | |
|--|-------------------------------|--|---|--|--|--|--|--|--|
| Sirius XM Radio Inc. requiterrestrial repeaters in technical parameters list | the Commonwealth of | _ | _ | | | | | | |
| 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: STA Request | Attachment 2: | | Attachment 3: | | | | | | |
| | • | | | | | | | | |
| (U.S. Code, Title 18, S | | VOCATION OF ANY STA | Y FINE AND / OR IMPRISONMENT ATION AUTHORIZATION ode, Title 47, Section 503). | | | | | | |

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