Date & Time Filed: Oct 1 2010 12:05:24:910PM File Number: SAT-STA-20101001-00204

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:

STA Extension for LM-RPS-1 (Call Sign S2372) 10-1-10

1. Applicant

Name: Lockheed Martin Corporation Phone Number: 703–413–5970

**DBA Name:** Fax Number: 703–413–5908

Street: 2121 Crystal Drive E–Mail: jennifer.warren@lmco.com

Suite 100

City: Arlington State: VA

Country: USA Zipcode: 22202 -

**Attention:** Ms Jennifer Warren

| 2. Contact   |                            |  |  |        |                          |  |  |
|--|----------------------------|--|--|--------|--------------------------|--|--|
|  | Name:                      | Stephen D. Baruch  | Phone Nu                                     | ımber: | 202-416-6782             |  |  |
|  | Company:                   | Lerman Senter PLLC   | Fax Num                                      | ber:   | 202-429-4626             |  |  |
|  | Street:                    | 2000 K Street, NW  | E-Mail:                                      |        | sbaruch@lermansenter.com |  |  |
|  |                            | Suite 600  |  |        |                          |  |  |
|  | City:                      | Washington   | State:                                       |        | DC                       |  |  |
|  | <b>Country:</b>            | USA  | Zipcode:                                     |        | 20006 –                  |  |  |
|  | <b>Attention:</b>          |  | Relations                                    | ship:  | Legal Counsel            |  |  |
| 4a. Is a f   | fee submitted complete and | with this application? attach FCC Form 159. If No, in  Noncommercial education  (i): | ndicate reason                               |        | C.F.R.Section 1.1114).   |  |  |
| 4b. Fee Classification CRY – Space Station (Geostationary) |                            |  |  |        |                          |  |  |
| 5. Type Re Chang   | quest<br>ge Station Loc    | ation <b>©</b> Exte  | end Expiration 1                             | Date   | O Other                  |  |  |
| 6. Tempora   | ary Orbit Loca             | tion   | 7. Requested Extended E<br>2010–11–06 00:00: | •      |                          |  |  |

| 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.)   |  |   |               |  |  |  |  |
|--|--|---|---------------|--|--|--|--|
| Applicant requests extension of conditional temporary authority granted under File No. SAT-STA-20100901-00187 to continue operating LM-RPS1 satellite outside of E/W and N/S stationkeeping restrictions following anomaly suffered by host satellite for an additional 30 days i.e., until November 6, 2010.  |  |   |               |  |  |  |  |
| 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<br>Jennifer Warren  |  | 11. Title of Person Signing Vice President, Technology Policy |               |  |  |  |  |
| 12. Please supply any need attachments.  |  |   |               |  |  |  |  |
| Attachment 1: Narrative Statement 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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