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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 Six New Terrestrial Repeaters at Various Locations for 180 Days

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 Classification CXW – Space Station (Non–Geostationary)									
5. Type Request Change Station Location Extend Expiration Date Other									
6. Tempor	ary Orbit Loca	ation	7. Requested Extended 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 to operate six new terrestrial repeaters at various locations for 180 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 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 a	ttachments.									
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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