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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 for Co-Located Sirius and XM Terrestrial Repeaters at Six 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 Cl	assification	CXW – Space Station (Non–Geo	ostationary)		
5. Type Re	equest ge Station Loc	eation C Exte	end Expiration	Date	Other
6. Tempor	ary Orbit Loca	ation		7. Requested Extended	Expiration Date

8. Description (If the complete description	on does not appear in this b	ox, please go to the end of t	the form to view it in its entirety.)					
Sirius XM Radio Inc. requerestrial repeaters at parameters listed in Exh	six locations for		co-locate Sirius and XM ys pursuant to the technical					
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 Attachme			Attachment 3:					
(U.S. Code, Title 18,		EVOCATION OF ANY ST	Y FINE AND / OR IMPRISONMENT ATION AUTHORIZATION lode, Title 47, Section 503).					

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