Approved by OMB 3060–0678

Date & Time Filed: Sep 19 2011 5:51:07:746PM File Number: SAT–STA–20110919–00184 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: XM–5 (call sign S2786) 30 day STA to conduct tests

1. Applicant						
]	Name:	XM Radio LLC	Phone Number:	202-380-4000		
]	DBA Name:		Fax Number:	202-380-4500		
:	Street:	1221 Avenue of the Americas	E-Mail:	James.Blitz@siriusxm.com		
		36th Floor				
	City:	New York	State:	NY		
	Country:	USA	Zipcode:	10020 –		
	Attention:	James S. Blitz				

2. Contact							
	Name:	Karis A. Hastings	Phone Nun	nber:	202-599-0975		
	Company:	SatCom Law LLC	Fax Numbe	er:			
	Street:	1317 F Street, N.W., Suite 400	E-Mail:		karis@satcomlaw.com		
	City:	Washington	State:		DC		
	Country:	USA	Zipcode:		20004 –		
	Attention:		Relationshi	ip:	Legal Counsel		
<ul><li>(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.)</li><li>3. Reference File Number or Submission ID</li></ul>							
<ul> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity O Noncommercial educational licensee</li> </ul>							
O Other	• Other(please explain):						
4b. Fee Classification CRY – Space Station (Geostationary)							
5. Type Request							
Change Station Location     Extend Expiration Date     Other							
6. Tempor	rary 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	he form to view it in its entirety.)					
XM Radio LLC requests authority for 30 days beginning October 10, 2011 to activate the XM- 5 communications payload in order to conduct performance testing.								
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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