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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:

180-day Iridium Orbital Debris STA for one SV

1. Applicant

<b>Name:</b>	Iridium Constellation LLC	<b>Phone Number:</b>	703-287-7400
<b>DBA Name:</b>		<b>Fax Number:</b>	703-287-7450
<b>Street:</b>	1750 Tysons Boulevard	<b>E-Mail:</b>	donna.bethea-murphy@iridium.com
	Suite 1400		
<b>City:</b>	McLean	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	22102 -
<b>Attention:</b>	Donna Bethea-Murphy		

2. Contact

<b>Name:</b>	Jennifer D. Hindin	<b>Phone Number:</b>	202-719-4975
<b>Company:</b>	Wiley Rein LLP	<b>Fax Number:</b>	202-719-7049
<b>Street:</b>	1776 K Street, NW	<b>E-Mail:</b>	jhindin@wileyrein.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20006 -
<b>Attention:</b>		<b>Relationship:</b>	Legal Counsel

(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.)

3. Reference File Number or Submission ID

4a. Is a fee submitted with this application?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).
- Governmental Entity     Noncommercial educational licensee
- Other (please explain):

4b. Fee Classification    CXW – Space Station (Non-Geostationary)

5. Type Request

- Change Station Location                       Extend Expiration Date                       Other

6. Temporary Orbit Location

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.)

Iridium requests special temporary authority for one hundred eighty (180) days to operate one space station in a manner that complies with the updated orbital debris mitigation plan Iridium previously submitted to the Commission.

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.  Yes  No

10. Name of Person Signing  
Donna Bethea Murphy

11. Title of Person Signing  
Vice President, Regulatory Engineering

12. Please supply any need attachments.

Attachment 1: Narrative

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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