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File Number: SAT-STA-20170824-00124

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:

STA to cover T12 spot reconfiguration

1. Applicant

<b>Name:</b>	Skynet Satellite Corporation	<b>Phone Number:</b>	613-748-8700
<b>DBA Name:</b>		<b>Fax Number:</b>	613-748-8712
<b>Street:</b>	135 Route 202/206	<b>E-Mail:</b>	eneasmith@telesat.com
<b>City:</b>	Bedminster	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	07921 -
<b>Attention:</b>	Ms Elisabeth Neasmith		

2. Contact	
<b>Name:</b>	Joseph A. Godles, Esq
<b>Company:</b>	Goldberg, Godles, Wiener, & Wright LLP
<b>Street:</b>	1025 Connecticut Ave, NW Ste 1000
<b>City:</b>	Washington
<b>Country:</b>	USA
<b>Attention:</b>	
<b>Phone Number:</b>	202-429-4900
<b>Fax Number:</b>	202-429-4912
<b>E-Mail:</b>	jgodles@g2w2.com
<b>State:</b>	DC
<b>Zipcode:</b>	20036 -
<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 IB2017002382	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other (please explain):	
4b. Fee Classification CRY – Space Station (Geostationary)	
5. Type Request	
<input type="radio"/> Change Station Location <input type="radio"/> Extend Expiration Date <input checked="" type="radio"/> Other	
6. Temporary Orbit Location	7. Requested Extended Expiration Date 2017-11-21 00:00:00.0

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.)

Skynet must alter its spot-beam configuration to meet new customer demand. Please see Attachment 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.  Yes  No

10. Name of Person Signing  
Elisabeth Neasmith

11. Title of Person Signing  
Director, Spectrum Management and Development

12. Please supply any need attachments.

Attachment 1: Attachment A

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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