

Date & Time Filed: Jul 10 2019 3:15:59:413PM

File Number: SAT-STA-20190710-00059

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:

30-day STA for Block 1 extension

1. Applicant

Name:	Iridium Constellation LLC	Phone Number:	703-287-7518
DBA Name:		Fax Number:	
Street:	1750 Tysons Boulevard	E-Mail:	maureen.mclaughlin@iridium.com
	Suite 1400		
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 -
Attention:	Ms Maureen C McLaughlin		

2. Contact

Name:	Jennifer D. Hindin	Phone Number:	202-719-4975
Company:	Wiley Rein LLP	Fax Number:	
Street:	1776 K St NW	E-Mail:	jhindin@wileyrein.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:		Relationship:	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 seeks STA for 30 days while its companion 180-day STA remains pending to extend the license term for its Block 1 satellites until Jan. 27, 2020.

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
Maureen C McLaughlin

11. Title of Person Signing
Vice President Public Policy

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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