Date & Time Filed: Aug 2 2021 8:50:12:343AM File Number: SAT-STA-20210802-00093

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 (S2786) STA Request for WCS Band Use August 2021

1. Applicant

Name: XM Radio LLC **Phone Number:** 202–380–1383

**DBA Name:** Fax Number: 202–380–4981

Street: 1221 Avenue of the Americas E–Mail: james.blitz@siriusxm.com

35th Floor

City: New York State: NY

Country: USA Zipcode: 10002 -

**Attention:** James S Blitz

| 2. Contact  |                   |                     |              |            |                     |  |  |  |
|---|-------------------|---------------------|--------------|------------|---------------------|--|--|--|
|   | Name:             | Karis A. Hastings   | Phone Num    | ber:       | 202-599-0975        |  |  |  |
|   | Company:          | SatCom Law LLC      | Fax Number   | r <b>:</b> |                     |  |  |  |
|   | Street:           | 6930 Carroll Avenue | E-Mail:      |            | karis@satcomlaw.com |  |  |  |
|   |                   | Suite 720           |              |            |                     |  |  |  |
|   | City:             | Takoma Park         | State:       |            | MD                  |  |  |  |
|   | <b>Country:</b>   | USA                 | Zipcode:     |            | 20912 -4499         |  |  |  |
|   | <b>Attention:</b> |                     | Relationship | <b>):</b>  | Legal Counsel       |  |  |  |
| application. Please enter only one.)  3. Reference File Number SATMOD2021061800082 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 CRY – Space Station (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 doe  | es not appear in this box. | , please go to the end of the            | he form to view it in its entirety.) |  |  |  |  |  |
|--|----------------------------|--|--------------------------------------|--|--|--|--|--|
| 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.)  XM Radio LLC requests special temporary authority for 60 days beginning on August 16, 2021, to permit its XM-5 satellite to operate in the WCS C and D Block frequencies pending action on a modification request to add these frequencies to the XM-5 license. See attached narrative.          |                            |  |                                      |  |  |  |  |  |
| 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 Patrick L. Donnelly   |                            | 11. Title of Person Signing<br>Secretary |                                      |  |  |  |  |  |
| 12. Please supply any need attachments.  |                            |  |                                      |  |  |  |  |  |
| Attachment 1: STA Narrative Attachment 2:  |                            |  | Attachment 3:                        |  |  |  |  |  |
|  |                            |  | 1                                    |  |  |  |  |  |
| 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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