Approved by OMB
3060−0678

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| APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS FOR TRANSFER OF CONTROL OR ASSIGNMENTFCC 312 MAIN FORM FOR OFFICIAL USE ONLY | FCC Use Only |
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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:
Pro Forma Conversion and Assignment

1−8. Legal Name of Applicant

| | | | |
|---|---|---|---|
| **Name:** | STM Networks Inc | **Phone Number:** | 949−273−6809 |
| **DBA Name:** | | **Fax Number:** | 949−753−0621 |
| **Street:** | 2 Faraday<br>Suite B | **E−Mail:** | |
| **City:** | Irvine | **State:** | CA |
| **Country:** | USA | **Zipcode:** | 92618 − |
| **Attention:** | Umar Javed | | |

A9. No. of station(s) listed
1

A10. Name of Transferor/ Assignor

| | | | |
|---|---|---|---|
| **Name:** | STM Networks, Inc. | **Phone Number:** | 949−273−6809 |
| **Company:** | | **Fax Number:** | 949−753−0621 |
| **Street:** | 2 Faraday | **E−Mail:** | |
| | Suite 201 | | |
| **City:** | Irvine | **State:** | CA |
| **Country:** | USA | **Zipcode:** | 92618 − |
| **Attention:** | Umar Javed | **Relationship:** | Other |

A15. Name of Transferee/ Assignee

| | | | |
|---|---|---|---|
| **Name:** | STM Networks, LLC | **Phone Number:** | 949−273−6809 |
| **DBA Name:** | | **Fax Number:** | 949−753−0621 |
| **Street:** | 2 Faraday | **E−Mail:** | |
| | Suite 201 | | |
| **City:** | Irvine | **State:** | CA |
| **Country:** | USA | **Zipcode:** | 92618 − |
| **Attention:** | Umar Javed | | |

| | |
|---|---|
| A20. If these facilities are licensed, is the transferee / assignee directly or indirectly controlled by any other entity? If yes, attach as Exhibit E, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary busienss of the controlling entity and any intermediate subsidiaries or parties, and (2) the names, addresses, citizenshihp, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock. | ◉ Yes<br>○ No<br>○ N/A |
| A21. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest. | |

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinenet to Schedule A and all statement made in Schedule A of this application are true, compete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.
2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

| | |
|---|---|
| A22. Printed Name of Licensee (Must agree with A1) | A24. Title (Office Held by Person Signing) |
| A26. Printed Name of License Transferor / Assignor (Must agree with A10) | A28. Title (Office Held by Person Signing) |
| A26. Printed Name of License Transferee / Assignee (Must agree with A15) | A28. Title (Office Held by Person Signing) |

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