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Callsign/Satellite ID:

APPLICATION FOR EARTH STATION AUTHORIZATIONS

FCC Use Only

FCC 312 MAIN FORM FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

CWCI VSAT Network

1–8. Leg	al Name of A	Applicant
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Name: Central Wisconsin Phone Number: 715–421–8174

communications, Inc.

DBA Fax Number: 715–421–6039

Name:

Street: 440 East Grand Avenue E–Mail: lysne@wctc.net

8045

City: Rapids State: WI

Country: USA **Zipcode:** 54495 -8045

Attention: Mr Jamey Lysne

9–16. Name of Contact Representative (If other than applicant)

Name: Bill Swart Phone Number: 703–917–9882

Company: Skjei Telecom, Inc. **Fax Number:** 703–917–0098

Street: 7777 Leesburg Pike E–Mail: bill.swart@skjeitelecom.com

#315N

City: Falls Church State: VA

Country: USA Zipcode: 22043–2403

Contact Systems Engineer Relationship: Engineer

Title:

CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.

a.

a1. Earth Station

(N/A) a2. Space Station

b.

b1. Application for License of New Station

b2. Application for Registration of New Domestic Receive–Only Station

(N/A) b3. Amendment to a Pending Application

(N/A) b4. Modification of License or Registration

(N/A) b5. Assignment of License or Registration

(N/A) b6. Transfer of Control of License or Registration

(N/A) b7. Notification of Minor Modification

(N/A) b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite

(N/A) b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States

o b10. Other (Please specify)

• b11. Application for Earth Station to Access a Non–U.S.satellite Not Currently Authorized to Provide the Proposed Service in the Proposed Frequencies in the United States.

17c. Is a fee submitted with this applied. If Yes, complete and attach FCC For		on (see 47 C FR Section 1 1114)						
 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):								
17d.								
Fee Classification BGV – Fixed Satellit	e VSAT System							
18. If this filing is in reference to an existing station, enter: (a) Call sign of station:	19. If this filing is an amendment to a pending (a) Date pending application was filed:	ng application enter: (b) File number of pending application:						
Not Applicable	Not Applicable	Not Applicable						
TYPE OF SERVICE								
20. NATURE OF SERVICE: This filing i	s for an authorization to provide or use the follow	wing type(s) of service(s): Select all that apply:						
a. Fixed Satellite b. Mobile Satellite c. Radiodetermination Satellite d. Earth Exploration Satellite								
e. Direct to Home Fixed Satellite f. Digital Audio Radio Service								
g. Other (please specify)								

21. STATUS: Choose the button next to the applicable status. Choose	22. If earth station applicant, check all that apply.
only one.	■ Using U.S. licensed satellites
Common Carrier Non–Common Carrier	Using Non–U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER's facilities:	
Connected to a Public Switched Network Not connected	to a Public Switched Network N/A
24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all ap	oplicable frequency band(s).
a. C–Band (4/6 GHz) b. Ku–Band (12/14 GHz)	
c.Other (Please specify upper and lower frequencies in MHz.)	
Frequency Lower: Frequency Upper:	
TYPE OF STATION	
25. CLASS OF STATION: Choose the button next to the class of station	that applies. Choose only one.
a. Fixed Earth Station	
o b. Temporary–Fixed Earth Station	
👝 c. 12/14 GHz VSAT Network	
d. Mobile Earth Station	
(N/A) e. Geostationary Space Station	
(N/A) f. Non–Geostationary Space Station	
g. Other (please specify)	
26. TYPE OF EARTH STATION FACILITY: Choose only one. Transmit/Receive Transmit-Only Receive-Only N/A	
Transmitteeerive of Transmit only of Receive only of 1971	

PURPOSE OF MODIFICATION

TOM OSE OF MODIFICATION			
27. The purpose of this proposed modification is to: (Place an 'X' in the box(es) next to all that apply.)			
Not Applicable			
ENVIRONMENTAL POLICY			
28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.	O Yes	S No	
ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronateronautical fixed radio station services are not required to respond to Items 30–34.	autical en roi	ute or	
29. Is the applicant a foreign government or the representative of any foreign government?	O Yes ●	No O N/A	
30. Is the applicant an alien or the representative of an alien?	O Yes ●	No O N/A	

31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes	⊘ No	O N/A
32. Is the applicant a corporation of which more than one–fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes	⊗ No	o o N/A
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one–fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes	⊚ No	o o N/A
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.			
BASIC QUALIFICATIONS			
35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	٥	Yes	No

36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	⊚ No
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	No
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attemptiing unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances	O Yes	⊚ No
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	O Yes	⊚ No

40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		
41. 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	O No
42a. Does the applicant intend to use a non–U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.	○ Yes	No
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, we coordinated or is in the process of coordinating the space station? N/A	hat administr	ation has

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not appear in thi box, please go to the end of the form to view it in its entirety.)
VSAT network providing various two-way data services to multiple end users.
CWCI Rad Haz Study
CERTIFICATION
The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation lin in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.
44. Applicant is a (an): (Choose the button next to applicable response.)
O Individual
O Unincorporated Association
O Partnership
Corporation
O Governmental Entity
Other (please specify)

45. Name of Person Signing Jamey Lysne		46. Title of Person Signing Director of Operations		
47. Please supply any need attachments.				
Attachment 1:	Attachment 2:		Attachment 3:	7
				_
(U.S. Code, Title 18, Sec	ction 1001), AND/OR R	EVOCATION OF ANY	SY FINE AND / OR IMPRISONMENT STATION AUTHORIZATION ode, Title 47, Section 503).	

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

Location of Earth Station Site

E1: Site Identifier: CWCI Hub E5. Call Sign:

E2: Contact Name Mr Jamey Lysne E6. Phone 715–421–8174

Number:

E3. Street: 7405 County Trunk E7. City: Arpin

НН

E8. County: Wood

E4. State WI E9. Zip Code 54410

E10. Area of Operation: United States

E11. Latitude: 44 ° 30 ' 58.7 "N

E12. Longitude: 89 °57 '0.5 "W

E13. Lat/Lon Coordinates are: NAD-27 NAD-83 N/A

E14. Site Elevation (AMSL): 347.0 meters

E15. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurement? If NO, provide as a technical analysis showing compliance with two–degree spacing policy.	⊚ Yes	s C	No	O N/A
E16. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non–geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements?	O Yes	s C	No	● N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	Ye	es	0	No
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	O Ye	es	•	No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	O Ye	es	•	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and or the FAA's study regarding the potential hazard of the structure to aviation? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	O Ye	es	•	No
POINTS OF COMMUNICATION				
Satellite Name: PERMITTED LIST If you selected OTHER, please enter the following:				

E21. Common Na	Common Name: E22. ITU Name:							
E23. Orbit Location:				E24. Country:				
POINTS OF C	COMMUNICATION	(Destination Poin	its)	<u> </u>				
E25. Site Identifier:								
E26. Common Na	ame:	ne: E27. Country:						
ANTENNA				<u> </u>				
Site ID	E28. Antenna Id	E29. Quantity	E30. Manufac	turer	E31. Model	E32. Antenna Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)	

8060

ViaSat

56.1 dBi at 11.95

57.3 dBi at 14.25

6.15

E28. Antenna Id	Diameter	Ground	(meters)	Height Above Ground Level 	Input Power at antenna flange 	Maximum Antenna Height	E40. Total EIRP for al carriers (dBW)
Hub-1	0.0/0.0	8.0	355.0	0.0	52.5	0.0	74.5

FREQUENCY

CWCI Hub

Hub-1

E28. Antenna Id	E43/44.	E45. T/R Mode	E46. Antenna	E47. Emission	E48. Maximum	E49. Maximum
	Frequency Bands		Polarization(H,V,	Designator	EIRP per Carrier	ERIP Density per
	(MHz)		L , R)		(dBW)	Carrier
						(dBW/4kHz)

Hub-1	11700 12200	R	Horizontal and Vertical	3M20G7D	0.0	0.0
E50. Modulation entirety.)	and Services (If th	e complete description	on does not appear in	this box, please go to	o the end of the form	to view it in its
QPSK and 8	PSK Digital Da	ta				
Hub-1	14000 14500	Т	Horizontal and Vertical	36M0G7D	74.5	35.0
E50. Modulation entirety.) QPSK and 8	and Services (If the PSK Digital Da		on does not appear in	this box, please go to	o the end of the form	to view it in its

FREQUENCY COORDINATION

E28. Antenna Id		` ′	Range of Satellite Arc E/W Limit	E56. Earth Station Azimuth Angle Eastern Limit	Antenna Elevation Angle	Station Azimuth Angle	Antenna Elevation Angle Western	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
Hub-1	Geostationary	14000 14500	27.0/ 153.0	110.0	10.0	250.0	10.0	-15.3

REMOTE CONTROL POINT LOCATION

E61. Call Sign NOTE: Please enter the callsign of the contro callsign for which this application is being filed.	E65. Phone Number 715–421–8111			
E62. Street Address 440 East Grand Ave.				
E63. City Wisconsin Rapids	E67. County Wood		E64/68. State/Country WI/ USA	E66. Zip Code 54494

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

Location of Earth Station Site

E1: Site Identifier: CWCI Remote E5. Call Sign:

E2: Contact Name CWCI NOC E6. Phone 715–421–8111

Number:

E3. Street: E7. City:

E8. County:

E4. State E9. Zip Code

E10. Area of Operation: CONUS

E11. Latitude: 0 °0 '0.0 "

E12. Longitude: 0 °0 '0.0 "

E13. Lat/Lon Coordinates are: NAD-27 NAD-83 N/A

E14. Site Elevation (AMSL): 0.0 meters

E15. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurement? If NO, provide as a technical analysis showing compliance with two–degree spacing policy.	● Yes	s O No	O N/A
E16. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non–geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements?	O Yes	s O No	⊚ N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	Ye	es O	No No
T10 X C			
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	O Ye	es 💿	, No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	O Ye	es 💿	No No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and or the FAA's study regarding the potential hazard of the structure to aviation? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	O Ye	es 🔞	, No
POINTS OF COMMUNICATION	-		
Satellite Name: PERMITTED LIST If you selected OTHER, please enter the following:			

E21. Common Name:	E22. ITU Name:
E23. Orbit Location:	E24. Country:
POINTS OF COMMUNICATION (Destination Points)	
E25. Site Identifier:	

E27. Country:

ANTENNA

E26. Common Name:

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer	E31. Model	E32. Antenna Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)
CWCI Remote	Remote 960	100	Andrew Corp.	Type 960	0.96	39.7 dBi at 11.95
						41.2 dBi at 14.25
	Remote 100			Type 100Tx	1.0	40.2 dBi at 11.95
						41.5 dBi at 14.25
	Remote 120			Type 120Tx	1.2	41.8 dBi at 11.95
						43.3 dBi at 14.25
	Remote 180			Type 180Tx	1.8	45.3 dBi at 11.95
						46.8 dBi at 14.25

Remote 183		Type 183		45.3 dBi at 11.95
				46.8 dBi at 14.25
Remote 243		Type 243Tx	2.4	47.6 dBi at 11.95
				49.3 dBi at 14.25

E28. Antenna Id	E33/34. Diameter Minor/Major (meters)	E35. Above Ground Level (meters)	E36. Above Sea Level (meters)	E37. Building Height Above Ground Level (meters)	E38. Total Input Power at antenna flange (Watts)	E39. Maximum Antenna Height Above Rooftop (meters)	E40. Total EIRP for al carriers (dBW)
Remote 960	0.0/0.0	2.0	0.0	0.0	2.0	0.0	44.2
Remote 100	0.0/0.0	2.5	0.0	0.0	2.0	0.0	44.5
Remote 120	0.0/0.0	3.0	0.0	0.0	2.0	0.0	46.3
Remote 180	0.0/0.0	3.0	0.0	0.0	2.0	0.0	49.8
Remote 183	0.0/0.0	3.0	0.0	0.0	2.0	0.0	49.8
Remote 243	0.0/0.0	3.5	0.0	0.0	2.0	0.0	52.3

FREQUENCY

E28. Antenna Id	E43/44. Frequency Bands (MHz)	E45. T/R Mode		Designator	EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
Remote 960	11700 12200	R	Horizontal and Vertical	36M0G2D	0.0	0.0

E50. Modulation entirety.)	n and Services (If	the complete descrip	tion does not appear	in this box, please	go to the end of t	he form to view it in i	ts
	8PSK Digital D	ata					
Remote 960	14000 14500	Т	Horizontal and Vertical	3M20G2D	44.2	27.2	
E50. Modulation entirety.) QPSK and	8PSK Digital D			· · ·		he form to view it in i	
Remote 100	11700 12200	R	Horizontal and Vertical	36M0G2D	0.0	0.0	
E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) QPSK and 8PSK Digital Data							
Remote 100	14000 14500	Т	Horizontal and Vertical	3M20G2D	44.5	27.5	

E50. Modulation entirety.)	and Services (If the	ne complete description	on does not appear in	this box, please go to	o the end of the form	to view it in its
	BPSK Digital Da	ta				
Remote 120	11700 12200	R	Horizontal and Vertical	36M0G2D	0.0	0.0
QPSK and 8	BPSK Digital Da	ta				
Remote 120	14000 14500	Т	Horizontal and Vertical	3M20G2D	46.3	29.3
E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) QPSK and 8PSK Digital Data						
Remote 180	11700 12200	R	Horizontal and Vertical	36M0G2D	0.0	0.0

E50. Modulation entirety.)	n and Services (If t	he complete descripti	on does not appear in	n this box, please go	to the end of the form	to view it in its
	BPSK Digital Da	ata				
Remote 180	14000 14500	Т	Horizontal and Vertical	3M20G2D	49.8	32.8
QPSK and 8	BPSK Digital Da				to the end of the form	
Remote 183	11700 12200	R	Horizontal and Vertical	36M0G2D	0.0	0.0
E50. Modulation entirety.) QPSK and 8	and Services (If the standard of the standard		on does not appear in	n this box, please go	to the end of the form	to view it in its
Remote 183	14000 14500	Т	Horizontal and Vertical	3M20G2D	49.8	32.8

E50. Modulation entirety.)	n and Services (I	f the complete d	lescription does not appear	in this box, please	go to the end of the	he form to view it in its
QPSK and	8PSK Digital	Data				
Remote 243	11700 12200	R	Horizontal and Vertical	36M0G2D	0.0	0.0
QPSK and	8PSK Digital	Data				
Remote 243	14000 14500	Т	Horizontal and Vertical	3M20G2D	52.3	35.3
E50. Modulation entirety.) QPSK and	n and Services (I 8PSK Digital		lescription does not appear	in this box, please	go to the end of the	he form to view it in its

FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	E52/53. Frequency Limits(MHz)	E54/55. Range of Satellite Arc E/W Limit	E56. Earth Station Azimuth Angle Eastern Limit	E57. Antenna Elevation Angle Eastern Limit	E58. Earth Station Azimuth Angle Western Limit	E59. Antenna Elevation Angle Western Limit	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
Remote 960	Geostationary	14000 14500	27.0/ 153.0	110.0	10.0	250.0	10.0	-7.0
Remote 100	Geostationary	14000 14500	27.0/ 153.0	110.0	10.0	250.0	10.0	-7.0
Remote 120	Geostationary	14000 14500	27.0/ 153.0	110.0	10.0	250.0	10.0	-7.0
Remote 180	Geostationary	14000 14500	27.0/ 153.0	110.0	10.0	250.0	10.0	-7.0
Remote 183	Geostationary	14000 14500	27.0/ 153.0	110.0	10.0	250.0	10.0	-7.0
Remote 243	Geostationary	14000 14500	27.0/ 153.0	110.0	10.0	250.0	10.0	-7.0

REMOTE CONTROL POINT LOCATION

E61. Call Sign NOTE: Please enter the callsign of the contro callsign for which this application is being filed.	E65. Phone Number 715–421–8111			
E62. Street Address 440 East Grand Ave.				
E63. City Wisconsin Rapids	E67. County Wood		E64/68. State/Country WI/ USA	E66. Zip Code 54494

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