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FCC APPLICATION FOR SPACE AND EARTH STATION:MOD OR AMD – MAIN FORM 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: Modification to add a new point of communications (Shell Boothville)

Shell Communications, Inc.	Phone Number:	713–245–1303
	Fax Number:	713–245–1010
P.O. Box 20329	E–Mail:	mona@fcc-expert.com
Houston	State:	TX
y: USA	Zipcode:	77252 -0329
on: Mona Lee		
	P.O. Box 20329  Houston y: USA	P.O. Box 20329  E-Mail:  Houston  State:  y: USA  Zipcode:

9–16. Name of Contact Representative

Name: Raul Magallanes Phone Number: 2813171397

**Company:** The Law Office of Raul **Fax Number:** 2812718085

Magallanes, PLLC

Street: PO Box 1213 E-Mail: info@rmtelecomlaw.com

City: Houston State: TX

Country: USA Zipcode: 77549–

Attention: Raul Magallanes Relationship: Other

**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.	(N/A) b1. Application for License of New Station (N/A) b2. Application for Registration of New Domestic Receive—Only Station b3. Amendment to a Pending Application
a1. Earth Station a2. Space Station	<ul> <li>b4. Modification of License or Registration</li> <li>b5. Assignment of License or Registration</li> <li>b6. Transfer of Control of License or Registration</li> <li>b7. Notification of Minor Modification</li> <li>(N/A) b8. Application for License of New Receive—Only Station Using Non—U.S. Licensed Satellite</li> <li>(N/A) b9. Letter of Intent to Use Non—U.S. Licensed Satellite to Provide Service in the United States</li> <li>(N/A) b10. Other (Please specify)</li> <li>(N/A) 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</li> <li>(N/A) b12. Application for Database Entry</li> <li>b13. Amendment to a Pending Database Entry Application</li> <li>b14. Modification of Database Entry</li> </ul>
17c. Is a fee submitted with this application of the submitted with th	159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
17d.  Fee Classification CGX – Fixed Satellite T Station	Transmit/Receive Earth

18. If this filing is in reference to an existing station, enter:	19. If this filing is an amer modification please enter of		oplication enter both fields, if this filing is a
(a) Call sign of station:	(a) Date pending application	on was filed:	(b) File number:
E070168			SESLIC2007080201024
TYPE OF SERVICE			
20. NATURE OF SERVICE: This filing is for	or an authorization to provide	le or use the following	type(s) of service(s): Select all that apply:
			11.0
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 ap	pplicant, check all that apply.
only one.		Using U.S. licen	ised satellites
O Common Carrier Non–Common	Carrier	Using Non–U.S	. licensed satellites
23. If applicant is providing INTERNATION	IAL COMMON CARRIER	service, see instruction	ns regarding Sec. 214 filings. Choose one. Are these

Connected to a Public Switched Network Not connected to a Public Switched Network N/A

facilities:

24. FREQUENCY BAND(S): Place an 'X' in the box(es) next to all applicable 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: (Please specify additional frequencies in an attachment)
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
b. Temporary–Fixed Earth Station
o c. 12/14 GHz VSAT Network
d. Mobile Earth Station
e. Geostationary Space Station
f. Non-Geostationary Space Station
g. Other (please specify)
26. TYPE OF EARTH STATION FACILITY:
Transmit/Receive Transmit-Only Receive-Only N/A
"For Space Station applications, select N/A."

# PURPOSE OF MODIFICATION

27. The purpose of this proposed modification is to: (Place an 'X' in the box(es) next to all that apply.)
a — authorization to add new emission designator and related service
b — authorization to change emission designator and related service
c — authorization to increase EIRP and EIRP density
d — authorization to replace antenna
e — authorization to add antenna
f — authorization to relocate fixed station
g — authorization to change frequency(ies)
h — authorization to add frequency
i — authorization to add Points of Communication (satellites & Double
j — authorization to change Points of Communication (satellites & amp; countries)
k — authorization for facilities for which environmental assessment and
radiation hazard reporting is required
1 — authorization to change orbit location
m — authorization to perform fleet management
n — authorization to extend milestones
o — Other (Please specify)

### **ENVIRONMENTAL POLICY**

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.	_		~			
ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeron aeronautical fixed radio station services are not required to respond to Items 30–34.	autic	al en	ı rou	ite or		
29. Is the applicant a foreign government or the representative of any foreign government?	0	Yes	•	No		
30. Is the applicant an alien or the representative of an alien?	0	Yes	0	No	•	N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	0	Yes	0	No	•	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?	0	Yes	0	No	•	N/A

 $lackbox{ Yes } lackbox{ No}$ 

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental

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 O	No 👩 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.	<b>o</b> 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.	• Yes	<b>⊚</b> No
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting 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	• 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.	• Yes	<b>⊘</b> 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.	<b>⊘</b> Yes	O No
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, wh coordinated or is in the process of coordinating the space station?	at administr	ation has
43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description box, please go to the end of the form to view it in its entirety.)	n does not ap	opear in this
Modification to add a new point of communications (Shell Boothville)  Cover Letter		

43a. Geographic Service Rule Certification By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25.	<b>●</b> A
By selecting B, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will comply with such requirements.	O B
By selecting C, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will not comply with such requirements because it is not feasible as a technical matter to do so, or that, while technically feasible, such services would require so many compromises in satellite design and operation as to make it economically unreasonable. A narrative description and technical analysis demonstrating this claim are attached.	<b>o</b> c

#### **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 limit 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 app	blicable response.)	
o Individual		
Unincorporated Association		
O Partnership		
Corporation		
Governmental Entity		
Other (please specify)		
_		
45. Name of Person Signing	46. Title of Person Signing	
Don Happel	Telecom Manager	
>	•	

(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).

# 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: Boothville E070168 E5. Call Sign: E2: Contact Name Mona Lee E6. Phone (713) 243 - 1303Number: E3. Street: Gulf of Mexico Gulf of Mexico E7. City: E8. County: n/a E9. Zip Code E4. State LA n/a E10. Area of Operation: Gulf of Mexico E11. Latitude: 29 °21 '10.8 "N E12. Longitude: 89°26'16.8"W E13. Lat/Lon Coordinates are: **⋒** NAD-83 NAD-27 N/A E14. Site Elevation (AMSL): 0.6 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.

E16. If the proposed antenna(s) do not operate in the Fixed Satellite Se Satellite Service (FSS) with non–geostationary satellites, do(es) the progain patterns specified in Section 25.209(a2) and (b) as demonstrated by measurements?	posed antenna(s) comply with the antenna	O Yes	O No	<b>⊘</b> N/A
E17. Is the facility operated by remote control? If YES, provide the loca point.	ation and telephone number of the control	Yes	0	No
E18. Is frequency coordination required? If YES, attach a frequency coordination	ordination report as	Yes		No
		● Yes	•	110
E19. Is coordination with another country required? If YES, attach the recoordination contours as	name of the country(ies) and plot of	O Yes	•	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.1 have you attached a copy of a completed FCC Form 854 and/or the FAA the structure to aviation?  FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL APPLICATION.	A's study regarding the potential hazard of	Yes	0	No
POINTS OF COMMUNICATION				
Satellite Name: SATMEX-5   SATMEX-5   116.8 W.L. If you select	ed OTHER, please enter the following:			
E21. Common Name:	E22. ITU Name:			
E23. Orbit Location:	E24. Country:			
Satellite Name: ALSAT   ALL AUTHORIZED U.S.   ALSAT   If you s	selected OTHER, please enter the following:			

E21. Common Name:			E22. ITU Name:				
E23. Orbit Locati	ion:			E24. Country:			
				•			
Satellite Name: S.	ATMEX 6   SATN	MEX 6   113 W.L.	If you selected O	THER, please ent	er the following:		
E21. Common Name:			E22. ITU Name:				
E23. Orbit Location:			E24. Country:				
POINTS OF C	COMMUNICATI	ON (Destination	Points)	1			
E25. Site Identifi	er:						
E26. Common Name:			E27. Country:				
ANTENNA				1			
Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer	E31. Model	E32. Antenna Size <meters></meters>	E41/42. Antenna Gain Transmint and/or Recieve (dBi atGHz)	
						dBi at	
E28. Antenna Id	E33/34. Diameter Minor/Major	E35. Above Ground Level (meters)	E36. Above Sea Level(meters)	E37. Building Height Above Ground Level	E38. Total Input Power at antenna flange	E39. Maximum Antenna Height Above Rooftop	E40. Total EIRP for al carriers(dBW)
	(meters)			(meters)	(Watts)	(meters)	

FREQUENCY

E28. Antenna Id	E43/44. Frequency (MHz)	y Bands T/R	 br>Mode	E46. Antenna Polarization(H,V L,R)	E47. Emission Designator		. Maximum P per Carrier W)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
E50. Modulat entirety.)	ion and Service	es (If the con	nplete description	n does not appear	in this box, plea	se go to the	end of the form	to view it in its
FREQUENCY								
	E51. Satellite Orbit Type	E52/53. Frequency Limits(MHz)	E54/55. Range of Satellite Arc Eastern/West ern Limit	0	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 CON	NTROL POIN	L T LOCATION	1					
E61. Call Sign NOTE: Please callsign for which	e enter the calls	•	rolling station, no		Phone Number			
E62. Street Ac	ddress			·				

E63. City	E68. County	E67/68.	E64. Zip Code
		State/Country	_
		/	

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