

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Thirty-ship waiver request (Oct 2015)

1. Applicant

Name:	O3b Limited	Phone Number:	202-813-4026
DBA Name:		Fax Number:	
Street:	900 17th Street, NW, #300	E-Mail:	suzanne.malloy@o3bnetworks.com
City:	Washington	State:	
Country:	USA	Zipcode:	-
Attention:	Ms Suzanne Malloy		

2. Contact

Name:	Joseph A. Godles	Phone Number:	202-429-4900
Company:	Goldberg Godles Wiener & Wright LLP	Fax Number:	202-429-4912
Street:	1229 19th Street, NW	E-Mail:	jgodles@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -2413
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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

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