FORM 405 APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal E930436

1. Applicant

Name: SES Americom, Inc. Phone Number: 609–987–4062

DBA Name: Fax Number: 609–987–4260

Street: Four Research Way E–Mail: jim.barker@ses–americom.com

City: Princeton State: NJ

Country: USA **Zipcode:** 08540 – 6684

Attention: James Barker

2. Contact						
	Name:	James Barker	Phone Nun	nber:	609-987-4062	
	Company:	SES Americom, Inc.	Fax Number	er:	609–987–4260	
	Street:	Four Research Way	E-Mail:		jim.barker@ses-americom.com	
	City:	Princeton	State:		NJ	
	Country:	USA	Zipcode:		08540 – 6684	
	Contact	Terrestrial Systems Specialist	Relationsh	ip:	Same	
	Title:					
RENEWA	L INFORM	IATION				
Rulepart	under which	this filing is made Rulepart 25				
		th this application?				
				n for fee exempti	ion (see 47 C.F.R.Section 1.1114).	
-	nmental Entit	•	tional licensee			
Other()	please explai	n):				
		ewal of license in exact conform	nity with the			
existing lic	ense as speci	fied below:				
a)File Number				(b)Date Issued		
SESMOD2002091501547				2002-10-23 00:00:00.0		
(c)Call Sign				(d)Location		
E930436	5			Somis, CA		

(e)Nature of Service Domestic Fixed Satellite Services	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)					
(g)Expiration Date 2003–10–29 00:00:00.0	Petition to reinstate:					
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed: None	a type of emission or of a transmitter which have b	peen made sin	ce the last			
Items 7(a) and (b) apply to Part 21 licenses only.						
7(a) Has there been removal of equipment or alteration of facilities as to	0 0 ⊛	Yes No N/A				
If YES when:						
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	· · · · · · · · · · · · · · · · · · ·	Yes No N/A				
8. Applicant represents that there has been no change in applicant's orga applicant's relation to the station, or financial responsibility; that application identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number SESAGS2002081901397 Date 09/13/2002	ants most recent application or report embodying	this informatio	on, as			

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	○ ◎ ○	Yes No N/A
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:		
If NO, Explain briefly why not: Earth Station complies with 47CFR1.1307(A) and (B)		
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e. g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	Yes No
a. 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 a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof. b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.		
11. Designate Appropriate Classification:		
O Individual		
O Unincorporated Association		
• Partnership		
Corporation		
Governmental Entity		
Other (please specify)		

12. Please supply any need attachments.

1: Rd930436	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Nancy J. Eskenazi		14. Title of Person Signing Vice President Associate General Counsel						
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).								

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