FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

$APPLICANT\ INFO\overline{RMATION} \textbf{Enter a description of this application to identify it on the main menu:}$

Renewal of Transportable Earth Station E970319

1. Applicant

Name: Intelsat LLC **Phone Number:** 202–944–7848

DBA Name: Fax Number: 202–944–7860

Street: c/o Intelsat Global Svc. Corp. E–Mail: susan.crandall@intelsat.com

3400 International Drive, N.W.

City: Washington State: DC

Country: USA **Zipcode:** 20008 – 3006

Attention: Susan H Crandall

2. Contact					
2. Contact					
Name:	Name: Intelsat LLC Pho		202-944-7848		
Company:		Fax Number:	202-944-7860		
Street:	c/o Intelsat Global Svc. Corp.	E-Mail:	susan.crandall@intelsat.com		
	3400 International Drive, N.W.				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20008 – 3006		
Attention:	Susan H Crandall	Relationship:			
3. Rulepart under which	n this filing is made Rulepart 25				
4. Is a fee submitted wi If Yes, complete an Governmental Enti Other(please explain	d attach FCC Form 159. If No, ty Noncommercial educa		e exemption (see 47 C.F.R.Section 1.1114).		
5. Application is for rer existing license as spec		ity with the			
(a)File Number SESMOD1998070802108		\ /	(b)Date Issued 1999–08–06 00:00:00.0		
(c)Call Sign E970319			(d)Location Transportable		

(f)Class of Station

Mobile Satellite Earth Stations (CGB)

(e)Nature of Service

International Fixed Satellite Service

(g)Expiration Date 2006–07–18 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	a type of emission or of a transmitter which have been made since 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 render the Station not operational?					
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?	ownership interest in control by, affiliation Yes No N/A				
8. Applicant represents that there has been no change in applicant's org		 ne			
applicant's relation to the station, or financial responsibility; that applic 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 SES-T/C-20060327-00522 Date 06/19/2006	11 1 0				

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?						
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:						
If NO, Explain briefly why not: No change to environmental impact as set forth in original FCC License E970319						
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 pusuant 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						
O Partnership						
O Corporation						
O Governmental Entity						
Other (please specify) Limited Liability Company						

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Susan H. Crandall		14. Title of Person Signing Assistant General Counsel, IGSC					
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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