FORM 312–R 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 of Nuevo, CA Earth Station, E990551

1. Applicant

Intelsat LLC

Phone Number: 202–944–7848

DBA Name:

Fax Number:

202-944-7870

Street:

Name:

c/o Intelsat Corporation

E-Mail:

Zipcode:

susan.crandall@intelsat.com

3400 International Drive, N.W.

City: W

Washington

USA

State:

DC

20008

3006

Country:
Attention:

Susan H Crandall

. Contact				
. Contact				
N	ame:	Intelsat LLC	Phone Number:	202-944-7848
C	company:		Fax Number:	202–944–7870
St	treet:	c/o Intelsat Corporation	E-Mail:	susan.crandall@intelsat.com
		3400 International Drive, N.W.	<i>Т</i> .	
C	city:	Washington	State:	DC
C	country:	USA	Zipcode:	20008 – 3006
A	ttention:	Susan H Crandall	Relationship:	Legal Counsel
RENEWAL	INFORM	ATION		
3. Rulepart u	nder which	this filing is made Rulepart 2	25	
		h this application?		
If Yes, co	omplete and	l attach FCC Form 159. If N	lo, indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).
Governm	nental Entity	y Noncommercial edu	cational licensee	
Other(ple	ease explaii	n):		
5 Application	n is for rene	ewal of license in exact confo	rmity with the	
existing licen			············	

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESMOD2005080501079	2005–09–12 00:00:00.0
(c)Call Sign	(d)Location
E990551	Nuevo, CA
(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2010–03–28 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	e 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 orga 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-20091125-01505 Date 12/04/2009	ants most recent application or report embodying this information, as	;		

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	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: No change in environmental impact as set forth in original FCC license E990551			
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).	O	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			
Unincorporated Association			
Partnership			
• Corporation			
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 Asst. General Counsel, Intelsat Corporation						
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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