APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KL92 STA to IOT Horizons I

1. Applicant

Name: PanAmSat Licensee Corp. Phone Number: 203–210–8000

DBA Name: Fax Number: 203–210–8001

Street: 20 Westport Road **E-Mail:**

City: Wilton State: CT

Country: USA Zipcode: 06897 -

Attention: Mr James W Cuminale Esq

2. Contact						
	Name:	Joseph A. Godles, Esq.	Phone Number:	: 202–429–4900		
	Company:	Goldberg Godles Wiener & Wright	Fax Number:	202-429-4912		
	Street:	1229 19th Street, NW	E–Mail:	jgodles@g2w2.com		
	City:	Washington	State:	DC		
	Country:	USA	Zipcode:	20036 -2413		
	Contact Title:	Attorney	Relationship:	Legal Counsel		
		er SESMOD2003042500535				
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 Re	quest					
O Use Pi	rior to Grant	O Change	Station Location	Other		
6. Requeste	ed Use Prior I	Date				
7. CityCastle Rock				itude m ss.s h) 39 16 38.0 N		

9. State CO	10. Longitude (dd mm ss.s h) 104 48 25.0 W					
11. Please supply any need attachments.						
Attachment 1: STA Attachment 2:	Attachment 3:					
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) Application seeks STA to operate facility in manner described in attached request.						
13. 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.						
14. Name of Person Signing Kalpak Gude	15. Title of Person Signing Associate General Counsel					
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (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).						

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