

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
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1. Applicant

Name:	Capital Communications Company Inc	Phone Number:	515-457-9645
DBA Name:		Fax Number:	515-457-1034
Street:	3909 WESTOWN PARKWAY ATT. DENNIS POFFENBURGER	E-Mail:	
City:	WEST DES MOINES	State:	IA
Country:	USA	Zipcode:	50266 -
Attention:	DENNIS POFFENBURGER		

2. Contact	
Name: Arthur Landerholm	Phone Number: 202-637-2200
Company: Latham & Watkins LLP	Fax Number: 202-637-2201
Street: 555 ELEVENTH ST., NW Suite 1000	E-Mail: art.landerholm@lw.com
City: Washington	State: DC
Country: USA	Zipcode: 20004 -1304
Contact Title: ATTORNEY	Relationship: Legal Counsel
3. Reference File Number SESLIC2003110401550	
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain):	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 11/20/2003	
7. CityAmes	8. Latitude (dd mm ss.s h) 0 0 0.0

9. State IA	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Sup. Info. Attachment 2: ES App. 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Please see Attachment 1 for more information.</div>	
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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Phillip J. Lombardo	15. Title of Person Signing President
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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