

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Extension of STA

**1. Applicant**

<b>Name:</b>	U.S. Satellite Corporation	<b>Phone Number:</b>	801-268-5819
<b>DBA Name:</b>		<b>Fax Number:</b>	801-268-5880
<b>Street:</b>	935 West Bullion Street	<b>E-Mail:</b>	worthington@ussc.com
<b>City:</b>	Murray	<b>State:</b>	UT
<b>Country:</b>	USA	<b>Zipcode:</b>	84123 -
<b>Attention:</b>	Max G Worthington		

**2. Contact**

<b>Name:</b>	Alllan G. Moskowitz ,Esquire	<b>Phone Number:</b>	202682-3501
<b>Company:</b>	Kaye Scholer LLP	<b>Fax Number:</b>	2026823580
<b>Street:</b>	901 15th Street ,NW	<b>E-Mail:</b>	amoskowitz@kayescholer.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20005 -
<b>Contact Title:</b>	Allan G. Moskowitz	<b>Relationship:</b>	Legal Counsel

**3. Reference File Number**

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 Request**

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
12/08/2003

7. CityMurray

8. Latitude  
(dd mm ss.s h) 40 38 54.1 N

9. State UT	10. Longitude (dd mm ss.s h) 111 55 3.1 W
11. Please supply any need attachments. Attachment 1: 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">The applicant is requesting extension of SES-STA-20030913-01214 for additional time to operate the requested facilities during the processing and grant of its application for a new fixed earth station, File no. SES-Lic-20031028-01570.</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. <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	
14. Name of Person Signing Allan G. Moskowitz	15. Title of Person Signing Legal 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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