

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Iridium Satellite STA Request to Add Amplifier Equipment

1. Applicant

Name:	Iridium Satellite LLC	Phone Number:	301-571-6200
DBA Name:		Fax Number:	301-571-6250
Street:	6701 Democracy Blvd. Suite 500	E-Mail:	pat.mahoney@iridium.com
City:	Bethesda	State:	MD
Country:	USA	Zipcode:	20817 -
Attention:	Ms Patricia A Mahoney		

2. Contact

Name:	Jennifer D. Hindin	Phone Number:	202-719-7000
Company:	Wiley Rein & Fielding LLP	Fax Number:	202-719-7207
Street:	1776 K Street, N.W.	E-Mail:	jhindin@wrf.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Contact Title:		Relationship:	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 CGB – Mobile Satellite Earth Stations

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
05/25/2004

7. City

8. Latitude
(dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: 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: 5px 0;">See Attachment 1.</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 Patricia A. Mahoney	15. Title of Person Signing Vice President – Regulatory & Spectrum Affairs
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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