APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Teporary Operating Authority

1. Applicant

Name: Freebird Communications Inc. **Phone Number:** 913–209–2788

DBA Name: Fax Number: 913–393–3670

Street: 16382 S. Blake St. E–Mail: matt@freebirdtv.com

City: Olathe State: KS

Country: USA Zipcode: 66062 -

Attention: Mr Matthew W Roberts

| 2. Contac | et | | | | | | |
|--|----------------------------|------------------------------|--------------|------------------------------------|---------------------|--|--|
| | Name: | Matthew Roberts | Phone Num | ber: | 913-209-2788 | | |
| | Company: | Freebird Communications Inc. | Fax Number | c: | 913-393-3670 | | |
| | Street: | 16382 S. Blake St. | E–Mail: | | matt@freebirdtv.com | | |
| | City: | Olathe | State: | | KS | | |
| | Country: | USA | Zipcode: | | 66062 – | | |
| | Contact Title: | President | Relationship |): | Same | | |
| | | er SESASG2003090301212 | | | | | |
| 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 R | equest | | | | | | |
| Use Prior to Grant Change Station Location Other | | | | | | | |
| | ted Use Prior l 25/2004 | Date | | | | | |
| 7. City | | | l l | 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 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.) | | | | | | |
| We are requesting temporary operating authority for Call Sign E940278 to allow use of the SNG truck while awaiting final approval of the units license renewal. | | | | | | |
| 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 | 15. Title of Person Signing | | | | | |
| Matthew Roberts | 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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