## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: CWCI VSAT Network STA

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ı.	A	pp	110	ant

Name: Central Wisconsin Phone Number: 715–421–8174

communications, Inc.

**DBA Name:** Fax Number: 715–421–6039

Street: 440 East Grand Avenue E–Mail: lysne@wctc.net

8045

City: Rapids State: WI

**Country:** USA **Zipcode:** 54495 -8045

**Attention:** Mr Jamey Lysne

2. Contact								
Na	ame:	Bill Swart	Phone Nu	ımber:	70	03-917-9882		
Co	ompany:	Skjei Telecom, Inc.	Fax Num	ber:	70	03-917-0098		
St	reet:	7777 Leesburg Pike	E–Mail:		bi	ll.swart@skjeitelec	com.com	
		#315N						
Ci	ty:	Falls Church	State:		V	VA.		
Co	ountry:	USA	Zipcode:		22	2043 -2403		
	ontact tle:	Systems Engineer	Relations	hip:	E	Engineer		
11	ue:							
3. Reference l	File Numb	er SESLICINTR200403462						
4a. Is a fee	submitted	l with this application?						
If Yes, co	mplete and	l attach FCC Form 159. If N	lo, indicate reason	for fee exemptio	on (see 47 C	.F.R.Section 1.1114	<b>1</b> ).	
<b>G</b> Governme	ental Entit	y Noncommercial educa	ational licensee					
Other(ple	ase explain	n):						
4b. Fee Classi	ification	CGV – Fixed Satellite VSAT	System					
5. Type Reque	est							
- II D.:		- /	71		_	Other		
Use Prior	r to Grant	ο (	Change Station Loo	cation	0	Other		
41								
6. Requested 01/12/2		Date						
7. CityArpin				8. Latitude				
				(dd mm ss.s h)	44 30 3	58.7 N		

9. State WI	10. Longitude (dd mm ss.s h) 89 57 0.5 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.)					
A STA is requested to allow performance testing and verification of proper earth station operation and to allow preliminary operation of the referenced VSAT network during such time that the permanent license application is being processed. This VSAT network will assist medical institutions in implementing network diversity to support HIPAA					
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				
Mr. Jamey Lysne	Director of Operations				
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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THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

## 12. Description

A STA is requested to allow performance testing and verification of proper earth station operation and to allow preliminary operation of the referenced VSAT network during such time that the permanent license application is being processed. This VSAT network will assist medical institutions in implementing network diversity to support HIPAA requirements and will provide disaster recovery network capabilities to financial institutions.