

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Iridium Carrier STA Extension Request (2/05)

**1. Applicant**

<b>Name:</b>	Iridium Carrier Services LLC	<b>Phone Number:</b>	301-571-6200
<b>DBA Name:</b>		<b>Fax Number:</b>	301-571-6250
<b>Street:</b>	6701 Democracy Blvd.	<b>E-Mail:</b>	olga.madruga-forti@iridium.com
	Suite 500		
<b>City:</b>	Bethesda	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20817 -
<b>Attention:</b>	Ms Olga Madruga-Forti		

<b>2. Contact</b>	
<b>Name:</b> Melissa A. Reed	<b>Phone Number:</b> 202-719-7000
<b>Company:</b> Wiley, Rein & Fielding LLP	<b>Fax Number:</b> 202-719-7207
<b>Street:</b> 1776 K Street, NW	<b>E-Mail:</b> mreed@wrf.com
<b>City:</b> Washington	<b>State:</b> DC
<b>Country:</b> USA	<b>Zipcode:</b> 20006 -
<b>Contact Title:</b>	<b>Relationship:</b> Legal Counsel
<b>3. Reference File Number</b>	
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):	
<b>4b. Fee Classification</b> CGB – Mobile Satellite Earth Stations	
<b>5. Type Request</b>	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
<b>6. Requested Use Prior Date</b> 02/09/2005	
<b>7. City</b>	<b>8. Latitude</b> (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 Olga Madruga-Forti	15. Title of Person Signing Vice President – Regulatory & Legal
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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