APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA EXTENSION E980250 MARCH 17

1. Applicant

Name: Loral Skynet Network Services, **Phone Number:** 908–470–2342

Inc. (Debtor-in-Possession)

DBA Name: Fax Number: 908–470–2453

Street: 500 Hills Drive E–Mail: se@loralskynet.com

PO Box 7018

City: Bedminster State: NJ

Country: USA **Zipcode:** 07921 -7018

Attention: Mr Stanley Edinger

2. Contac	t						
	Name:	Mr Stanley Edinger	Phone Number:	908-470-2342			
	Company:	Loral Skynet	Fax Number:	908-470-2453			
	Street:	500 Hills Drive	E–Mail:	se@loralskynet.com			
	City:	Bedminster	State:	NJ			
	Country:	USA	Zipcode:	07921 -7018			
	Contact Title:	MANAGER, GOVERNMENT RELATIONS	Relationship:	Same			
4a. Is a	fee submitted	er SESSTA2004121301832 I with this application?					
If Yes	, complete and	d attach FCC Form 159. If No, inc	licate reason for fee exe	emption (see 47 C.F.R.Section 1.1114).			
O Governmental Entity Noncommercial educational licensee							
Other	(please explain	n):					
4b. Fee Cl	lassification	CGX – Fixed Satellite Transmit/Re	ceive Earth Station				
5. Type Ro	equest						
⊚ Use F	Prior to Grant	O Chang	e Station Location	Other			
	ted Use Prior l	Date					
7. CityKAPOLEI			8. Latitude (dd mm ss				

0.00						
9. State HI	10. Longitude					
	(dd mm ss.s h) 158 5 21.1 W					
11. Please supply any need attachments.						
Attachment 1: A Attachment 2: C	Attachment 3: B					
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.)						
STA TO CONTINUE EXTENSION OF STA GRANTED 60 DAYS ON JANUARY 18, 2005						
13. By checking Yes, the undersigned certifies that neither applicant nor	any other party to the application is Yes No					
subject to a denial of Federal benefits that includes FCC benefits pursua	ant 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					
STANLEY EDINGER	MANAGER, GOVERMNT RELATIONS					
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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