APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KAPOLEI STA EX T TRANSMIT C-BAND E980250 April 12

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. Contact				
Name:	Mr Stanley Edinger	Phone Number:	908-470-2342	
Compai	ny: Loral Skynet	Fax Number:	908-470-2453	
Street:	500 Hills Drive	E–Mail:	se@loralskynet.com	
City:	Bedminster	State:	NJ	
Country	v: USA	Zipcode:	07921 -7018	
Contact Title:	MANAGER, GOVERNMENT RELATIONS	Relationship:	Same	
4a. Is a fee subm	umber SESMOD2004082501242 nitted with this application? e and attach FCC Form 159. If No,	indicate reason for fee exemptic	on (see 47 C.F.R.Section 1.1114).	
	Entity Noncommercial education		ii (see +/ C.I.R.section I.III+).	
O Other(please ex	_	Side free free		
4b. Fee Classification	on CGX – Fixed Satellite Transmit	Receive Earth Station		
5. Type Request				
Use Prior to Gr	rant O Cha	ange Station Location	Other	
6. Requested Use P 04/15/2005	rior Date			
7. CityKAPOLEI		8. Latitude (dd mm ss.s h)		

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: B	Attachment 3: C				
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 USE EXTENDED TRANSMIT C-BAND 6425-6650 MHz(SEE ATTACHMENT A FOR DESCRIPTION)					
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).					

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to jboley@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0678.

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.