APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KAPOLEI STA EX REC 3600–3650 MHz C-BAND E980250 APRIL 13

1. Applican	t
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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 Edinge	er Phone N	umber: 9	008-470-2342		
Comp	oany: Loral Skynet	Fax Nun	aber: 9	008-470-2453		
Stree	500 Hills Drive	E-Mail:	s	e@loralskynet.com		
City:	Bedminster	State:		NJ		
Coun	try: USA	Zipcode	C	07921 -7018		
Conta Title:	*	ERNMENT Relation	ship:	Same		
3. Reference File	Number SESMOD2004082	2501242				
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 Request						
Use Prior to Grant Change Station Location Other						
6. Requested Use 05/15/2005						
7. CityKAPOLEI			8. Latitude (dd mm ss.s h) 21 20 12.6 N			

9. State HI	10. Longitude (dd mm ss.s h) 158 5 21.1 W				
	(dd IIIII 55.5 II) 136 3 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 RECEIVE C-BAND (SEE ATTACHMENT A and C)					
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 STANLEY EDINGER	15. Title of Person Signing MANAGER, GOVERNMENT 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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