

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

STA EXTENSION KAPOLEI E980250 May 17

**1. Applicant**

<b>Name:</b>	Loral Skynet Network Services, Inc. (Debtor-in-Possession)	<b>Phone Number:</b>	908-470-2342
<b>DBA Name:</b>		<b>Fax Number:</b>	908-470-2453
<b>Street:</b>	500 Hills Drive PO Box 7018	<b>E-Mail:</b>	se@loralskynet.com
<b>City:</b>	Bedminster	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	07921 -7018
<b>Attention:</b>	Mr Stanley Edinger		

<b>2. Contact</b>			
<b>Name:</b>	Mr Stanley Edinger	<b>Phone Number:</b>	908-470-2342
<b>Company:</b>	Loral Skynet	<b>Fax Number:</b>	908-470-2453
<b>Street:</b>	500 Hills Drive	<b>E-Mail:</b>	se@loralskynet.com
<b>City:</b>	Bedminster	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	07921 -7018
<b>Attention:</b>	MANAGER, GOVERNMENT RELATIONS	<b>Relationship:</b>	Same
<b>3. Reference File Number</b> SESSTA2005021000166			
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> CGX – Fixed Satellite Transmit/Receive Earth Station			
<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> 06/16/2005			
<b>7. City</b> KAPOLEI		<b>8. Latitude</b> (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
11. Please supply any need attachments. Attachment 1: A Attachment 2: B 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: 10px; margin: 10px 0;"> STA REQUEST TO CONTINUE EXTENSION OF STA GRANTED for 90 DAYS ON MARCH 14, 2005 </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 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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