

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Louisiana STA

1. Applicant

| | | | |
|-------------------|----------------------|----------------------|-----------------|
| Name: | CTV Television, Inc. | Phone Number: | 4163326441 |
| DBA Name: | | Fax Number: | 4163326339 |
| Street: | 9 Channel Nine Court | E-Mail: | blearoyd@ctv.ca |
| | Toronto | | |
| City: | | State: | |
| Country: | | Zipcode: | - |
| Attention: | Brian Learoyd | | |

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|--|--|
| 2. Contact | |
| Name: Brian Learoyd | Phone Number: (416)–702–1162 |
| Company: CTV Television, Inc | Fax Number: (416)–332–6339 |
| Street: 9 Channel Nine Court | E-Mail: blearoyd@ctv.ca |
| City: Toronto | State: |
| Country: Canada | Zipcode: M1S –4B5 |
| Attention: Director of Mobile Engineering | Relationship: Same |
| 3. Reference File Number | |
| 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): | |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station | |
| 5. Type Request | |
| <input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other | |
| 6. Requested Use Prior Date 09/04/2005 | |
| 7. CityBaton Rouge | 8. Latitude (dd mm ss.s h) 30 25 42.0 N |

| | |
|--|---|
| 9. State LA | 10. Longitude (dd mm ss.s h) 91 4 42.0 E |
| 11. Please supply any need attachments. Attachment 1: Attachment 1 Attachment 2: Attachment 2 Attachment 3: 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 Exhibit 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 Brian Learoyd | 15. Title of Person Signing Director of Mobile Engineering |
| 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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