## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E020160 9/2005 STA Extension

1. Applicant

Name: L3 Communications IEC **Phone Number:** 714–758–0500 x2

**DBA Name:** Fax Number: 714–758–4222

Street: 602 E. Vermont Street E–Mail: Robert.Huffman@L–3Com.com

City: Anaheim State: CA

Country: USA Zipcode: 92805 -

**Attention:** Mr Robert A Huffman –

| 2. Contact                                   |   |                    |  |
|--|---|--------------------|--|
| Name:  | Michelle A. McClure   | Phone Number:      | 202-728-0400   |
| Company:                                     | Irwin, Campbell & Tannenwald, P. C.   | Fax Number:        | 202-728-0354   |
| Street:                                      | 1730 Rhode Island Ave., N.W.  | E–Mail:            | mmcclure@ictpc.com                                       |
|  | Suite 200   |                    |  |
| City:  | Washington  | State:             | DC   |
| Country:                                     | USA   | Zipcode:           | 20036 -3101  |
| Attention:                                   |   | Relationship:      | Legal Counsel  |
|  |   |                    |  |
| application. Please enter                    |   |                    | r the file number or the IB Submission ID of the related |
|  | with this application? attach FCC Form 159. If No, indicate Noncommercial educational |                    | otion (see 47 C.F.R.Section 1.1114).                     |
| Other(please explain                         | <b>T</b>  | neensee            |  |
| 4b. Fee Classification C                     | CGX – Fixed Satellite Transmit/Rece   | eive Earth Station |  |
| 5. Type Request                              |   |                    |  |
| Use Prior to Grant     Change Station Locate |   | Station Location   | O Other  |
| 6. Requested Use Prior D<br>10/10/2005       | Date  |                    |  |

| 7. City   | 8. Latitude (dd mm ss.s h) 0 0 0.0    |  |  |  |  |
|---|---------------------------------------|--|--|--|--|
| 9. State  | 10. Longitude (dd mm ss.s h) 0 0 0.0  |  |  |  |  |
| 11. Please supply any need attachments.   |                                       |  |  |  |  |
| Attachment 1: Public Interest Attachment 2:   | 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.)  |                                       |  |  |  |  |
| See Attached  |                                       |  |  |  |  |
| 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 Robert A. Huffman  | 15. Title of Person Signing President |  |  |  |  |
| 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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