APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: EXTEND STA PALAU Sept 13

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:	Loral Skynet Network Services, Inc. (Debtor-in-Possession)	Phone Number:	908-470-2342		
Company:		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	Relationship:	Same		
application. Please ente			the file number or the IB Submission ID of the related	I	
If Yes, complete an	d with this application? ad attach FCC Form 159. If No, ind ty Noncommercial educational in):		on (see 47 C.F.R.Section 1.1114).		
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request					
		e Station Location	Other		
6. Requested Use Prior Date 10/17/2005					

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				
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.)					
EXTEND STA TO COMMUNICATE WITH PALAU VIA TELSTAR 18 FOR AN ADDITIONAL 60 DAYS					
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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