## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA FOR NEW ORLEANS AREAS AFFECTED BY KATRINA 9/16

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 Edinger	Phone Number:	908-470-2342	
Company:	Loral Skynet	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	
4a. Is a fee submitted  If Yes, complete and  Governmental Entity  Other(please explain	with this application? I attach FCC Form 159. If N  y Noncommercial education:	No, indicate reason for fee exemption ational licensee	(see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGS – Fixed Satellite Small	Transmit/Receive Earth Station		
5. Type Request  Use Prior to Grant	0 (	Change Station Location	Other	
6. Requested Use Prior I 10/01/2005	Date			
7. CityNew Orleans		8. Latitude (dd mm ss.s h)	0 0 0.0	

9. State LA	10. Longitude (dd mm ss.s h) 0 0 0.0				
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.)					
Katrina-related STA request.					
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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