APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: FEMA KATRINA RELATED STA REQUEST SEPT 20

| 1. | Ap | pli | car | ıt |
|----|----|-----|-----|----|
| | | | | |

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: | Stanley Edinger | Phone Number: | 908-470-2342 | | |
| Company: | Loral Skynet Network Services, Inc. (Debtor–in–Possession) | 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 | | |
| | | | | | |
| (If your application is reapplication. Please enter 3. Reference File Number 1. | r only one.) | e Commission, enter either th | e file number or the IB Submission ID of the rel | ated | |
| | d with this application? d attach FCC Form 159. If No, ind | icate reason for fee exemption | on (see 47 C.F.R.Section 1.1114). | | |
| Governmental Entit | y Noncommercial educational | llicensee | | | |
| Other(please explai | n): | | | | |
| 4b. Fee Classification | CGS – Fixed Satellite Small Transn | nit/Receive Earth Station | | | |
| 5. Type Request | | | | | |
| ⊕ Use Prior to Grant ○ Change Station Location ○ Other | | | | | |
| 6. Requested Use Prior Date 09/20/2005 | | | | | |

| 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: C | | | | |
| 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.) | | | | | |
| 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 Affairs | | | | |
| 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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