APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for E050315

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Name: LibCo, Inc. Phone Number: 702–740–4244

DBA Name: Fax Number:

Street: 2215 B Renaissance Drive **E-Mail:**

Suite 5

City: Las Vegas State: NV

Country: USA Zipcode: 89119 -

Attention:

2. Contact					
Name:	John E. Fiorini III	Phone Number:	202-719-7000	202-719-7000	
Company:	Wiley Rein & Fielding LLP	Fax Number:	202-719-7049		
Street:	1776 K Street, N.W.	E–Mail:	jfiorini@wrf.com		
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20006 –		
Attention:		Relationship:	Other		
application. Please enter 3. Reference File Numl 4a. Is a fee submitted If Yes, complete and		ubmission ID ndicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	ated	
Other(please explain):					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request					
Use Prior to Grant Change Station Location Other					
6. Requested Use Prior 11/10/2005	Date				
7. CityAlbany		8. Latitude (dd mm ss.s h)	8. Latitude (dd mm ss.s h) 0 0 0.0		

9. State GA	10. Longitude (dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: Exhibit 1 Attachment 2:	Attachment 3:				
12. Description. (If the complete description does not appear in this be	ox, please go to the end of the form to view it in its entirety.)				
Request for Special Temporary Authority to operate transportable transmit-receive earth					
station at parameters of pending application for new license.					
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	15. Title of Person Signing				
Kelly J. Flanders	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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