## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for E020160 11/2005 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:	СА					
	•								
	<b>Country:</b>	USA	Zipcode:	92805 –					
	Attention:	Mr. Robert A Huffman –							

2. Contact								
Name:	Michelle A. McClure	Phone Nu	imber:	202-728-0400				
Company:	Irwin, Campbell & Tannenwald, P. C.	Fax Num	ber:	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:		Relations	hip:	Legal Counsel				
(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)								
3. Reference File Number SESLIC2002061100939 or Submission ID								
<ul><li>4a. Is a fee submitted with this application?</li><li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li></ul>								
<del>*</del>			for ree exemption (see 2	+/ C.F.K.Section 1.1114).				
<ul> <li>Governmental Entity</li> <li>Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>								
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Request								
Use Prior to Grant     O     Change Station Location     O     Other								
6. Requested Use Prior I 12/08/2005	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: Site Infe	ormation 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.)							
Please 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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