## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

## APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KAPOLEI EXTEND STA REC 3650 –3700 MHz E980250 NOVEMBER 10

Name:	Loral Skynet Network Services, Inc. (Debtor–in–Possession)	Phone Number:	908-470-2342
DBA Name:		Fax Number:	908-470-2453
Street:	500 Hills Drive	E-Mail:	se@loralskynet.com
	PO Box 7018		
City:	Bedminster	State:	NJ
<b>Country:</b>	USA	Zipcode:	07921 -7018
Attention:	Mr Stanley Edinger		

2. Contact			
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Name:	Mr Stanley Edinger	Phone Number:	908-470-2342
Company	y: Loral Skynet	Fax Number:	908-470-2453
Street:	500 Hills Drive	E–Mail:	se@loralskynet.com
City:	Bedminster	State:	NJ
Country:	USA	Zipcode:	07921 -7018
Attention	a: MANAGER, GOVERNMENT RELATIONS	Relationship:	Same
4a. Is a fee submi	umber SESSTA2005041400457 or s   tted with this application?   and attach FCC Form 159. If No,   ntity Noncommercial education   blain):	indicate reason for fee exemp	tion (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	n CGX – Fixed Satellite Transmit/	Receive Earth Station	
5. Type Request			
Use Prior to Gra	ont <b>O</b> Cha	unge Station Location	O Other
6. Requested Use Pri 12/17/2005	or Date		

7. CityKAPOLEI		8. Latitude (dd mm ss.s h) 2	21 20 12.6 N
9. State HI		10. Longitude(dd mm ss.s h)1	158 5 21.1 W
11. Please supply any need attachment	I S.		
Attachment 1: A	Attachment 2: B		Attachment 3:
12. Description. (If the complete des	cription does not appear in this bo	ox, please go to the	end of the form to view it in its entirety.)
Request to extend STA e	certifies that neither applicant nor	any other party to t	the application is 💿 Yes 🔿 No
subject to a denial of Federal benefits of 1988, 21 U.S.C. Section 862, becau			of the Anti–Drug Act
See 47 CFR 1.2002(b) for the meaning	<b>x</b>		
14. Name of Person Signing STANLEY EDINGER		15. Title of Person MANAGER, GO	n Signing OVERNMENT RELATIONS
(U.S. Code, Title 1	IENTS MADE ON THIS FORM 18, Section 1001), AND/OR REV( 247, Section 312(a)(1)), AND/OR	OCATION OF ANY	

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