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 3625–3650 MHz January 19 2006

1	A .		1: ~.	~ 4
1.	A	pp	HC	ant

Name: Loral Skynet Network Services, **Phone Number:** 908–470–2342

Inc.

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 Nu	ımber:	908-470-2342
	Company:	Loral Skynet	Fax Num	ber:	908-470-2453
	Street:	500 Hills Drive	E–Mail:		se@loralskynet.com
	City:	Bedminster	State:		NJ
	Country:	USA	Zipcode:		07921 -7018
	Attention:	MANAGER, GOVERNMENT RELATIONS	Relations	ship:	Same
application 3. Referen 4a. Is a If Yes, Govern	n. Please enter nce File Number fee submitted complete and	only one.) er SESSTA2005111001548 or Subwith this application? attach FCC Form 159. If No, ind Noncommercial educational	omission ID		umber or the IB Submission ID of the related 47 C.F.R.Section 1.1114).
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request O Use Prior to Grant O Change Station Location O Other					
•	ed Use Prior D 6/2006	Date			

7. CityKAPOLEI	8. Latitude (dd mm ss.s h) 21 20 12.6 N					
9. State HI	10. Longitude (dd mm ss.s h) 158 5 21.1 W					
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.)						
Request to extend STA expiring 2/17/2006, SESSTA2005111001548 for 90 days						
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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