APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Hotbird 8 LEOP

1. Applicant

Name: Universal Space Network, Inc. **Phone Number:** 215–328–9130

DBA Name: Fax Number: 215–328–9132

Street: 417 Caredean Drive E–Mail: jswank@uspacenet.com

Suite A

City: Horsham State: PA

Country: USA Zipcode: 19044 -

Attention: Joanne Swank

2. Contact				
Name:	Joanne Greet-Swank	Phone Number:	215–328–9130	
Company:	Universal Space Network, Inc.	Fax Number:	215–328–9132	
Street:	417 Caredean Drive	E–Mail:	jswank@uspacenet.com	
	Suite A			
City:	Horsham	State:	PA	
Country:	USA	Zipcode:	19044 –	
Attention:	Joanne Swank	Relationship:	Same	
If Yes, complete andGovernmental EntityOther(please explain	over or Submission ID I with this application? I attach FCC Form 159. If No, incomparing the submission ID Noncommercial educations	al licensee	on (see 47 C.F.R.Section 1.1114).	
	CGX – Fixed Saleinte Transmit/Re	eceive Earth Station		
5. Type Request O Use Prior to Grant O Change Station Location O Other				
6. Requested Use Prior 1 04/20/2006	Date			
7. CityNaalehu		8. Latitude (dd mm ss.s h)	19 0 50.3 N	

9. State HI	10. Longitude (dd mm ss.s h) 155 39 46.6 W			
11. Please supply any need attachments.	<u>'</u>			
Attachment 1: Attachment 2: Hotbird	8 transmittal Attachment 3: Hotbird 8 form 312			
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.)			
Hotbird 8 spacecraft launch & early orbit support (LEOP)				
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 Joanne Greet–Swank	15. Title of Person Signing Program Compliance Manager			
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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