

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Application for STA to operate Earth Station

1. Applicant

Name:	LibCo, Inc.	Phone Number:	702-740-4244
DBA Name:		Fax Number:	702-940-4247
Street:	2215 B Renaissance Drive Suite 5	E-Mail:	jcg@entityservices.com
City:	Las Vegas	State:	NV
Country:	USA	Zipcode:	89119 -
Attention:	Kelly J. Flanders		

2. Contact			
Name:	William H. Fitz, Esq.	Phone Number:	202-662-5120
Company:	Covington & Burling	Fax Number:	202-662-6291
Street:	1201 Pennsylvania Avenue, NW	E-Mail:	wfitz@cov.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -2401
Attention:	William H. Fitz, Esq.	Relationship:	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 SEST/C2005122001773 or Submission ID			
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other (please explain):			
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request			
<input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other			
6. Requested Use Prior Date 01/31/2006			
7. City Albany		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 box, 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 pending application for transfer of control.	
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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Rebecca S. Bryan	15. Title of Person Signing Vice President (post closing-effective 1/31/2006)
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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