

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA REQUEST E040373

**1. Applicant**

<b>Name:</b>	Radio Vision Cristiana Management	<b>Phone Number:</b>	202-293-3860 x4823
<b>DBA Name:</b>		<b>Fax Number:</b>	202-293-4827
<b>Street:</b>	1920 N Street, N.W. Suite 300	<b>E-Mail:</b>	jlj@cohnmarks.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -1622
<b>Attention:</b>	Mr Jerold L Jacobs Esq		

**2. Contact**

<b>Name:</b>	Mr Jerold L Jacobs Esq	<b>Phone Number:</b>	202-293-3860
<b>Company:</b>	Radio Vision Cristiana Management	<b>Fax Number:</b>	202-293-4827
<b>Street:</b>	1920 N Street, N.W. Suite 300	<b>E-Mail:</b>	jlj@cohnmarks.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -1622
<b>Attention:</b>	Mr Jerold L Jacobs Esq	<b>Relationship:</b>	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 SESMOD2006021500252 or Submission ID

4a. Is a fee submitted with this application?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
- Governmental Entity     Noncommercial educational licensee
- Other(please explain): Non-Profit Corporation

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
02/24/2006



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