

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
2006 E930182 Modification Application STA

1. Applicant

| | | | |
|-------------------|---------------------|----------------------|------------------------|
| Name: | GTECH Corp. | Phone Number: | 401-392-1000 x7803 |
| DBA Name: | | Fax Number: | 401-392-4993 |
| Street: | 55 Technology Way | E-Mail: | helen.santos@gtech.com |
| City: | West Greenwich | State: | RI |
| Country: | USA | Zipcode: | 02817 - |
| Attention: | Mrs Helena M Santos | | |

2. Contact

| | | | |
|-------------------|---|----------------------|-----------------|
| Name: | Bruce Olcott | Phone Number: | 202 626 6615 |
| Company: | Squire, Sanders & Dempsey LLP | Fax Number: | 202 626 6780 |
| Street: | 1201 Pennsylvania Ave. NW P.O. Box 407 | E-Mail: | bolcott@ssd.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20044 -0407 |
| Attention: | Attorney | 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 or Submission ID IB2006000637

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):

4b. Fee Classification CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
03/30/2006

7. Cityvarious

8. Latitude
(dd mm ss.s h) 0 0 0.0

| | |
|--|--|
| 9. State | 10. Longitude (dd mm ss.s h) 0 0 0.0 |
| 11. Please supply any need attachments. Attachment 1: STA Request 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Please see attachment</div> | |
| 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 Bruce R. Turner | 15. Title of Person Signing Chief Executive Officer |
| 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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