## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: EXTEND STA BHUTAN April 14 2006

Name:	Loral Skynet Network Services, Inc.	Phone Number:	908–470–2342	
DBA Name:		Fax Number:	908-470-2453	
Street:	500 Hills Drive	E-Mail:	se@loralskynet.com	
	PO Box 7018			
City:	Bedminster	State:	NJ	
<b>Country:</b>	USA	Zipcode:	07921 -7018	
Attention:	Mr Stanley Edinger			

2. Contact							
Name:	Stanley Edinger	Phone Nu	mber:	908-470	908-470-2342		
Company:	Loral Skynet Network Services, Inc.	Fax Num	ber:	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	Relations	hip:	Same			
<ul> <li>(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.)</li> <li>3. Reference File Number SESMFS2006022400295 or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity</li> <li>Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>							
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 1 04/23/2006	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: C					
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.)						
EXTEND STA TO COMMUNICATE WITH BHUTAN FROM KAPOLEI, HAWAII VIA TELSTAR 18 FOR 60 DAYS. (See attachment A)						
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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