APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Deere & Company STA Application for Inmarsat III, F4

1. Applicant

Name: Deere & Company Phone Number: 310–381–2755

DBA Name: Fax Number: 310–381–2002

Street: 20780 Madrona Ave. E–Mail: pwilliams@navcomtech.com

City: Torrance State: CA

Country: USA **Zipcode:** 90503 –3777

Attention: Dr Peter Williams

| 2. Contact | | | |
|---|---|----------------------------|-----------------------------------|
| Name: | Eliot J. Greenwald | Phone Number: | 202-373-6009 |
| Company: | Bingham McCutchen LLP | Fax Number: | 202-424-7647 |
| Street: | 3000 K St., N.W. | E–Mail: | eliot.greewald@bingham.com |
| | Suite 300 | | |
| City: | DC | State: | DC |
| Country: | USA | Zipcode: | 20007 -5116 |
| Attention: | | Relationship: | Legal Counsel |
| | | | |
| If Yes, complete andGovernmental EntireOther(please explain | d with this application? d attach FCC Form 159. If No, a ty Noncommercial education): | onal licensee | on (see 47 C.F.R.Section 1.1114). |
| 4b. Fee Classification | CGB – Mobile Satellite Earth Sta | ations | |
| 5. Type RequestUse Prior to Grant | O Cha | ange Station Location | Other |
| 6. Requested Use Prior 06/15/2006 | Date | | |
| 7. City | | 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: Exhibit A Attachment 2: | Attachment 3: | | | |
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| 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.) | | | | |
| By this application, Deere & Company seeks special temporary authority to test non-common carrier receive-only domestic mobile earth stations which will receive transmissions from the Inmarsat III, F4 at 142 degrees W.L., for a period of thirty (30) days beginning June 15, 2006, concluding July 14, 2006. | | | | |
| 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 Dr. Peter Williams | 15. Title of Person Signing Director Advanced Programs | | | |
| 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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