## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA request for testing and demonstration with a transportable 3.7 meter Ka–band transmit earth station

Name:	The Boeing Company	Phone Number:	866-248-1493
DBA Name	:	Fax Number:	206-544-6592
Street:	Attn	E-Mail:	rex.d.miller@boeing.com
	PO Box 3707		
City:	Seattle	State:	WA
<b>Country:</b>	USA	Zipcode:	98124 -2207
Attention:	Mr Rex D Miller		

2. Contact							
2. Contact							
Name:	Chuck Zappala	Phone Num	ber:	206 544-	-6580		
Company:	The Boeing Company	Fax Numbe	r:	206 544-6592			
Street:	South Park Complex Bldg. 15–01	E-Mail:		Chuck,Zappala@boeing.com			
	P.O. Box 3707 MC						
City:	Seattle	State:		WA			
Country:	USA	Zipcode:		98124	-2207		
Attention:	Chuck Zappala	Relationshi	p:				
<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 or Submission ID</li></ul>							
<ul> <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 O Noncommercial educational licensee</li> </ul>							
• Other(please explain):							
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 I 07/18/2006	Date						
7. CityTukwila			8. Latitude (dd mm ss.s h) 47 30 59.0 N				

9. State WA	10. Longitude (dd mm ss.s h) 122 18 1.0 W						
11. Please supply any need attachments.							
Attachment 1: Exhibit AAttachment 2: Confid.	Request Attachment 3: Confid. Items						
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.)							
See Confidential Items Document.							
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 Mr Rex D Miller	15. Title of Person Signing Senior Manager						
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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