APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: MP 252 BUD/TAHOE

Name:	Shell Communications, Inc.	Phone Number:	713-245-1303
DBA Name	:	Fax Number:	713-245-1010
Street:	20329	E-Mail:	
City:	Houston	State:	TX
Country:	USA	Zipcode:	77252 -0329
Attention:			

2. Contact								
Nar	me:	Mona Lee	Phone Nun	nber:	713.245.1303			
Cor	mpany:	Shell Communications Inc.	Fax Numb	er:	713.245.1010			
Stre	eet:	P. O. Box 20329	E–Mail:	: Mona.Lee@Shell.com		ee@Shell.com		
City	y:	Houston	State:		TX			
Cou	untry:	USA	Zipcode:		77252	-0329		
Atte	ention:	Mona Lee	Relationshi	ip:	Other			
(If your applica	ation is rel	ated to an application filed with the	Commission,	, enter either the file nur	mber or th	e IB Submission ID of the related		
application. Please enter only one.)								
3. Reference File Number or Submission ID IB2006001640								
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).								
O Governmental Entity O Noncommercial educational licensee								
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Request								
Use Prior to Grant O Change Station Location O Other								
6. Requested U		Date						
06/14/20								
7. CityGulf of Mexico8. Latitude (dd mm ss.s h)292139.0N				N				
				uu mm 55.5 m 29 21	39.0	11		

9. State TX	10. Longitude (dd mm ss.s h) 87 53 5.4 W					
11. Please supply any need attachments.						
Attachment 1: Exhibit AAttachment 2: Exhibit	E18 Attachment 3:					
12. Description. (If the complete description does not appear in this bo	ox, please go to the end of the form to view it in its entirety.)					
Gulf of Mexico Hurricane Disaster Recovery Co Satellite System - Transmission and reception infrastructure operations.						
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. Don Happel	15. Title of Person Signing Telecommunications 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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