APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: EXTEND STA BHUTAN July 7 2006

1. Applicant

Name: Loral Skynet Network Services, **Phone Number:** 908–470–2342

Inc.

DBA Name: Fax Number: 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

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|---|-------------------------------------|---------------|--------------------|--|--|
| 2. Contact | | | | | |
| Name: | Stanley Edinger | Phone Number: | 908-470-2342 | | |
| Company: | Loral Skynet Network Services, Inc. | Fax Number: | 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 | Relationship: | Same | | |
| | | | | | |
| (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 SESSTA20060606060928 or Submission ID | | | | | |
| 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 CGX – Fixed Satellite Transmit/Receive Earth Station | | | | | |
| 5. Type Request | | | | | |
| Use Prior to Grant Change Station Location Other | | | | | |
| 6. Requested Use Prior Date 08/14/2006 | | | | | |

| 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: | | | |
| 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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