

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Extension request of File No. SES-STA-20060914-01732

1. Applicant

Name:	APRITI CIELO srl	Phone Number:	0039 0434 361016
DBA Name:		Fax Number:	0039 0434 551115
Street:	via Montereale, 8 Pordenone	E-Mail:	info@apriticielo.it
City:		State:	
Country:		Zipcode:	-
Attention:	Mrs Paola Montanari		

9. State AZ	10. Longitude (dd mm ss.s h) 109 13 43.0 W
11. Please supply any need attachments. Attachment 1: SES–STA–20060914–017 Attachment 2: Extension 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Extension request of File No. SES–STA–20060914–01732</div>	
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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Paola Montanari	15. Title of Person Signing Sole Administrator
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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