APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter 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	E-Mail:	info@apriticielo.it				
	Pordenone						
City:		State:					
Country:		Zipcode:	_				
Attention:	Mrs Paola Montanari						

2. Contact	ŀ	2 Contact						
	L Company and the second se							
	Name:	APRITI CIELO srl	Phone Numbe	r: 0039 0434 361016				
	Company:		Fax Number:	0039 0434 551115				
	Street:	via Montereale, 8	E-Mail:	commerciale@apriticielo.it				
	City:	Pordenone	State:					
	Country:	Italy	Zipcode:	_				
	Attention:	Mrs Paola Montanari	Relationship:					
(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 SESSTA2006091401732 or Submission ID								
			mission ID					
		with this application? attach ECC Form 159 If No. indi	icate reason for f	e exemption (see 47 C ER Section 1 1114)				
	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): 							
<u> </u>								
4b. Fee Cla	assification (CGX – Fixed Satellite Transmit/Rec	eive Earth Statio	n				
5. Type Request								
Use Pr	• Use Prior to Grant • Change Station Location • Other							
 		Ý °		× ·				
6. Requeste	ed Use Prior I	Date						
· ·	3/2006							
7. CityDou	ıglas			ttitude				
			(dd 1	nm ss.s h) 31 43 21.0 N				

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