

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Request for Special Temporary Authority (STA) to operate up to 5,000 BGAN Mobile Earth Terminals with Inmarsat 4F2 satellite.

1. Applicant

Name:	Horizon Mobile Communications, Inc.	Phone Number:	202-887-6230
DBA Name:		Fax Number:	202-887-6231
Street:	239 Main Street Suite 102	E-Mail:	johnston@l-olaw.com
City:	East Greenville	State:	PA
Country:	USA	Zipcode:	18041 -
Attention:	Adam C Thompson		

2. Contact

Name:	E. Ashton Johnston	Phone Number:	202-887-6230
Company:	Lampert & O'Connor, P.C	Fax Number:	202-887-6231
Street:	1776 K Street, NW Suite 700	E-Mail:	johnston@l-olaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:		Relationship:	Legal Counsel

(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 SESLFS2007010900042 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 CGB – Mobile Satellite Earth Stations

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

02/12/2007

7. City

8. Latitude

(dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: STA Request Attachment 2: 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;">Request for Special Temporary Authority (STA) to operate up to 5,000 BGAN Mobile Earth Terminals with Inmarsat 4F2 satellite.</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 Adam C. Thompson	15. Title of Person Signing President
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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