

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Norman Ground Station – STA Request No. 2

1. Applicant

Name:	ORBIMAGE License Corp.	Phone Number:	703-480-9565
DBA Name:		Fax Number:	703-480-4659
Street:	21700 Atlantic Blvd.	E-Mail:	connors.dan@geoye.com
City:	Dulles	State:	VA
Country:	USA	Zipcode:	20166 –
Attention:	Mr Daniel J Connors Jr.		

2. Contact

Name:	James F. Rogers	Phone Number:	202-637-2200
Company:	Latham & Watkins LLP	Fax Number:	202-637-2201
Street:	555 Eleventh Street, NW Suite 1000	E-Mail:	jim.rogers@lw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -1304
Attention:	Berin M. Szoka	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 SESSTA2007031200338 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

04/30/2007

7. City Norman

8. Latitude

(dd mm ss.s h) 35 10 47.2 N

9. State OK	10. Longitude (dd mm ss.s h) 97 33 59.3 W
11. Please supply any need attachments. Attachment 1: Narrative 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;"> ORBIMAGE seeks an STA for authority to receive data from the IRS-1D on the 84M9G7D carrier during the pendency of ORBIMAGE's application to replace the authority to operate this earth station that expired on December 31, 2006. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Daniel J. Connors, Jr.	15. Title of Person Signing Associate General Counsel
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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