

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

iPass BGAN STA Request

1. Applicant

Name:	iPass Inc.	Phone Number:	650-232-4100
DBA Name:		Fax Number:	650-232-4111
Street:	3800 Bridge Parkway	E-Mail:	bposey@ipass.com
City:	Redwood Shores	State:	CA
Country:	USA	Zipcode:	94065 -
Attention:	Mr Bruce Posey		

2. Contact

Name:	iPass Inc.	Phone Number:	650-232-4100
Company:		Fax Number:	650-232-4111
Street:	3800 Bridge Parkway	E-Mail:	bposey@ipass.com
City:	Redwood Shores	State:	CA
Country:	USA	Zipcode:	94065 -
Attention:	Brad Jones	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 SESLIC2007071200933 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
09/01/2007

7. City Various

8. Latitude
(dd mm ss.s h) 0 0 0.0

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