

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Request for STA -- September 2007

**1. Applicant**

<b>Name:</b>	THE NORTH AMERICAN MISSION BOARD OF THE SOUTHERN BAPTIST CONVENTION, INC.	<b>Phone Number:</b>	770-410-6556
<b>DBA Name:</b>		<b>Fax Number:</b>	770-410-6001
<b>Street:</b>	4200 North Point Parkway	<b>E-Mail:</b>	mcrowe@namb.net
<b>City:</b>	Alpharetta	<b>State:</b>	GA
<b>Country:</b>	USA	<b>Zipcode:</b>	30022 -4176
<b>Attention:</b>	Mitch Crowe		

**2. Contact**

<b>Name:</b>	Ryan W. King, Esq.	<b>Phone Number:</b>	202-776-2279
<b>Company:</b>	Dow Lohnes PLLC	<b>Fax Number:</b>	202-776-2222
<b>Street:</b>	1200 New Hampshire Ave, N.W.	<b>E-Mail:</b>	rking@dowlohn.es.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -6802
<b>Attention:</b>	Ryan W. King	<b>Relationship:</b>	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 or Submission ID IB2007002247

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  
09/20/2007

7. City Benbrook

8. Latitude  
(dd mm ss.s h) 32 41 39.5 N



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