## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to increase power to KerrMcGee Red Hawk

Applicant				
Na	me:	CapRock Communications, Inc.	Phone Number:	832–668–2751
DB	A Name:		Fax Number:	832–668–2780
Str	eet:	4400 S. Sam Houston Parkway Ea	E-Mail:	esands@cprk.com
City	y:	Houston	State:	ТХ
Сог	untry:	USA	Zipcode:	77048 –
Att	tention:	Ms. EllenAnn Sands		

2. Contact								
Name:	Raul Magallanes	Phone Nu	ımber:	281 317 1397				
Compa	<b>my:</b> The Law Office of Ra Magallanes, PLLC	ul Fax Num	ber:	281 271 8085				
Street:	PO Box 1213	E-Mail:		info@rmtelecomlaw.com				
City:	Houston	State:		ТХ				
Countr	y: USA	Zipcode:		77549 –				
Attenti	on: Raul Magallanes	Relations	hip:	Legal Counsel				
<ul> <li>(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.)</li> <li>3. Reference File Number SESMOD2004120301783 or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> </ul>								
If Yes, comple	te and attach FCC Form 159.	If No, indicate reason	for fee exemption (see	e 47 C.F.R.Section 1.1114).				
<b>O</b> Governmental	Entity O 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 11/07/2007								

7. CityGulf of Mexico	8. Latitude (dd mm ss.s h) 27 7 12.5 N						
9. State LA	10. Longitude (dd mm ss.s h) 91 57 30.6 W						
11. Please supply any need attachments.							
Attachment 1: Cover Letter Attachment 2: Antenna	a Patterns 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.)							
STA to increase power to KerrMcGee Red Hawk         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	n" for these purposes.						
14. Name of Person Signing Alan Aronowitz	15. Title of Person Signing VP & 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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