APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for Extension of STA, Call Sign E060076, File No. SES-STA-20070102-00003

1. Applicant

Name: BT Americas Inc. **Phone Number:** 703–755–6733

DBA Name: Fax Number: 703–755–6740

Street: 11440 Commerce Park Drive E–Mail: linda.cicco@bt.com

City: Reston State: VA

Country: USA Zipcode: 20191 -

Attention: Ms Linda J Cicco

2. Contact			
Name:	Linda J. Cicco	Phone Number:	703 755 6733
Company:	BT Americas Inc.	Fax Number:	703 755 6740
Street:	11440 Commerce Park Drive	E–Mail:	linda.cicco@bt.com
City:	Reston	State:	VA
Country:	USA	Zipcode:	20191 –
Attention:		Relationship:	
application. Please enter			ne file number or the IB Submission ID of the related
	d with this application?		
	d attach FCC Form 159. If No, in		on (see 47 C.F.R.Section 1.1114).
Other(please explai	Noncommercial education	ai ncensee	
4b. Fee Classification	CGB – Mobile Satellite Earth Stat	ions	
5. Type Request			
Use Prior to Grant Change Station Location Other			
6. Requested Use Prior 11/11/2007	Date		
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0

9. State	10. Longitude			
3. 2010	(dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: 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.)				
The purpose of this submission is to request an extension of 60 days, from November 11,				
2007, while the FCC reviews the underlying application for license.				
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is No No				
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.				
14. Name of Person Signing	15. Title of Person Signing			
Linda J. Cicco	Regulatory Compliance Manager			
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).				
(0.5. Code, Title 47, Section 312(a)(1)), AND/OR PORTEITORE (0.5. Code, Title 47, Section 303).				

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