

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
November 2007 Extension of STA for Fillmore CA Station IOT Operations

1. Applicant

Name:	HNS License Sub, LLC	Phone Number:	301-428-5506
DBA Name:		Fax Number:	301-428-2802
Street:	11717 Exploration Lane	E-Mail:	sdoiron@hns.com
City:	Germantown	State:	MD
Country:	USA	Zipcode:	20876 -
Attention:	Mr. Steven Doiron		

2. Contact			
Name:	Stephen D. Baruch	Phone Number:	202-416-6782
Company:	Leventhal Senter & Lerman PLLC	Fax Number:	202-429-4626
Street:	2000 K Street, N.W. Suite 600	E-Mail:	sbaruch@lsl-law.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 –
Attention:		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 SESSTA2007100501389 or Submission ID			
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other (please explain):			
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request <input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other			
6. Requested Use Prior Date 11/10/2007			
7. City Fillmore		8. Latitude (dd mm ss.s h) 34 24 18.0 N	

9. State CA	10. Longitude (dd mm ss.s h) 118 53 39.0 W
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.) <div style="border: 1px solid black; padding: 5px;"> SPACEWAY 3 orbit-raising maneuvers are continuing, necessitating a 30-day extension of the STA (File No. SES-STA-20071005-01389). </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 Steven Doiron	15. Title of Person Signing Senior Director, Regulatory Affairs
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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