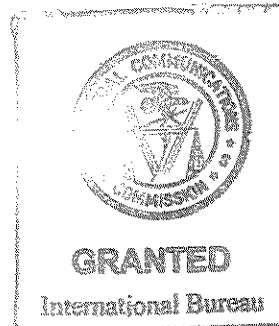


APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

I. Applicant

Name:	CapRock Communications, Inc.	Phone Number:	832-668-2751
DBA Name:		Fax Number:	832-668-2780
Street:	4400 S. Sam Houston Parkway Ea	E-Mail:	esands@caprock.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77048 -
Attention:	Ms EllenAnn Sands		



File # SES-STA-20080223-00191
Call Sign E030253 Grant Date 3/4/08
(or other identifier)
From 3/5/08 Term Dates 4/5/08
To 4/5/08
Approved by Janette O. Spriggs

2. Contact	
Name: Raul Magallanes	Phone Number: 281 317 1397
Company: The Law Office of Raul Magallanes	Fax Number:
Street: PO Box 1213	E-Mail: info@rmtelecomlaw.com
City: Houston	State: TX
Country: USA	Zipcode: 77549 -
Attention: Raul Magallanes	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 SESMOD2007122001730 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 03/05/2008	

7. City Houston	8. Latitude (dd mm ss.s h) 29 35 54.0 N
9. State TX	10. Longitude (dd mm ss.s h) 95 20 50.0 W
11. Please supply any need attachments. Attachment 1: Cover Letter Attachment 2: Data Sheet Attachment 3: Earth Station Report	
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; margin: 5px 0;">STA for Temporary Testing</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
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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