

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

MVS Fed – BGAN STA Extension Request

1. Applicant

Name:	MVS Fed, LLC	Phone Number:	201-447-1505
DBA Name:		Fax Number:	201-612-0093
Street:	175 Rock Road	E-Mail:	ddeffaa@aol.com
City:	Glen Rock	State:	NJ
Country:	USA	Zipcode:	07452 –
Attention:	Ms Deborah Deffaa		

2. Contact

Name:	Lawrence J. Movshin	Phone Number:	202-383-3338
Company:	Wilkinson Barker Knauer, LLP	Fax Number:	202-783-5851
Street:	2300 N Street, NW Suite 700	E-Mail:	lmovshin@wbklaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20037 -
Attention:	Robert Morse	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 SESAMD2007122101750 or Submission ID

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 CGB – Mobile Satellite Earth Stations

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

03/08/2008

7. City

8. Latitude

(dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Attachment A Attachment 2: Attachment B 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; margin: 10px 0;">Request to renew Special Temporary Authority (STA) to operate up to 5,000 BGAN Mobile Earth Terminals with Inmarsat's fourth generation satellite (Inmarsat 4F2). MVS Fed, LLC incorporates by reference its prior granted STA request under File No. SES-STA-20071221-01751.</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 Deborah Deffaa	15. Title of Person Signing President and 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).	

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