

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA for E000284 for Inmarsat 4F2

**1. Applicant**

<b>Name:</b>	Vizada, Inc.	<b>Phone Number:</b>	301-838-7807
<b>DBA Name:</b>		<b>Fax Number:</b>	301-838-7807
<b>Street:</b>	1101 Wootton Parkway 10th Floor	<b>E-Mail:</b>	robert.swanson@vizada.com
<b>City:</b>	Rockville	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20852 -
<b>Attention:</b>	Mr Robert W Swanson		

**2. Contact**

<b>Name:</b>	Robert W Swanson	<b>Phone Number:</b>	3018387807
<b>Company:</b>	Vizada, Inc.	<b>Fax Number:</b>	3018387752
<b>Street:</b>	1101 Wootton Parkway 10th Floor	<b>E-Mail:</b>	robert.swanson@vizada.com
<b>City:</b>	Rockville	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20852 -
<b>Attention:</b>	Robert W. Swanson	<b>Relationship:</b>	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 SESSTA2008031400315 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

05/19/2008

7. City

8. Latitude

(dd mm ss.s h) 0 0 0.0



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