

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Request for extension of STA to conduct testing with MSAT-1 and MSAT-2

**1. Applicant**

<b>Name:</b>	Mobile Satellite Ventures Subsidiary LLC	<b>Phone Number:</b>	703-390-2730
<b>DBA Name:</b>		<b>Fax Number:</b>	703-390-2770
<b>Street:</b>	10802 Parkridge Blvd	<b>E-Mail:</b>	jmanner@msvlp.com
<b>City:</b>	Reston	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	20191 -
<b>Attention:</b>	Jennifer A. Manner		

**2. Contact**

<b>Name:</b>	Bruce D. Jacobs	<b>Phone Number:</b>	202-663-8077
<b>Company:</b>	Pillsbury Winthrop Shaw Pittman LLP	<b>Fax Number:</b>	202-663-8007
<b>Street:</b>	2300 N Street NW	<b>E-Mail:</b>	bruce.jacobs@pillsburylaw.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20037 -
<b>Attention:</b>		<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 SESSTA2008042500491 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    CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date

7. CityNapa	8. Latitude (dd mm ss.s h) 38 14 41.5 N
9. State CA	10. Longitude (dd mm ss.s h) 122 16 47.5 W
11. Please supply any need attachments. Attachment 1: Description    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: 10px; margin: 10px 0;">           Applicant requests extension of its current STA, File No. SES-STA-20080425-00491, for an additional 60 days to continue earth station equipment testing with MSAT-1 and MSAT-2.         </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. <span style="float: right;"> <input checked="" type="radio"/> Yes                          <input type="radio"/> No         </span>	
14. Name of Person Signing Jennifer A. Manner	15. Title of Person Signing Vice President, Regulatory Affairs
<b>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).</b>	

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