APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA – Pearl City, HI (E860046)

1. Applicant

Name: AT&T Corp. **Phone Number:** 770–602–2065

DBA Name: Fax Number: 770–929–4454

Street: 2315 Salem Road E-Mail: pc924c@att.com

First Floor, H9

City: Conyers State: GA

Country: USA Zipcode: 30013 -

Attention: Pamela D Cheeks

2. Contact			
Name:	Pamela D. Cheeks	Phone Number:	770–602–2065
Compa	ny: AT&T Corp.	Fax Number:	770–929–4454
Street:	2315 Salem Road	E–Mail:	pc924c@att.com or altnate phone# 770-513-2140
	First Floor, H9		
City:	Conyers	State:	GA
Countr	y: USA	Zipcode:	30013 –
Attenti	on:	Relationship:	Other
(If your application	n is related to an application file	ad with the Commission, enter eith	par the file number or the IR Submission ID of the related
application. Please			ner the file number or the IB Submission ID of the related
	nitted with this application?	YCAY 1 1 C C	.'. (47 CED C .'. 1 1114)
' '			mption (see 47 C.F.R.Section 1.1114).
	Entity Noncommercial e	ducational neensee	
Other(please e			
4b. Fee Classificati	on CGX – Fixed Satellite Tra	ansmit/Receive Earth Station	
5. Type Request			
• Use Prior to Grant		Change Station Location	O Other
6. Requested Use F 08/07/2008	Prior Date		

7. C't-11 1-1- (D1 C't-)	0.1.44.1.			
7. CityHonolulu (Pearl City)	8. Latitude			
	(dd mm ss.s h) 21 24 41.6 N			
9. State HI	10. Longitude			
	(dd mm ss.s h) 157 58 27.1 W			
44.79	<u>'</u>			
11. Please supply any need attachments.				
Attachment 1: Exhibit 1 Attachment 2: Exhibit	2 Attachment 3: Rad Haz			
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.)				
Request STA to change satellite arc and communicating satellite in order to continue voice				
and data service to the United States Navy. Existing services are on a satellite that is				
being deactived on 8/7/2008.				
being deactived on 8///2008.				
	at a second of the second of t			
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is No No				
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.				
14. Name of Person Signing	15. Title of Person Signing			
James J.R. Talbot	Assistant Secretary			
Junios J.IV. 101001	1 issistant sociotary			
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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