

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, Call Sign E060076, File No. SES-STA-20070102-00003

1. Applicant

| | | | |
|-------------------|---------------------------|----------------------|---------------------|
| Name: | BT Americas Inc. | Phone Number: | 703-755-6733 |
| DBA Name: | | Fax Number: | 703-755-6740 |
| Street: | 11440 Commerce Park Drive | E-Mail: | linda.cicco@bta.com |
| City: | Reston | State: | VA |
| Country: | USA | Zipcode: | 20191 - |
| Attention: | Ms Linda J Cicco | | |

2. Contact

| | | | |
|-------------------|--|----------------------|--------------------|
| Name: | Linda J. Cicco | Phone Number: | 703 755 6733 |
| Company: | BT Americas Inc. | Fax Number: | 703 755 6740 |
| Street: | 11440 Commerce Park Drive Suite 100 | E-Mail: | linda.cicco@bt.com |
| City: | Reston | State: | VA |
| Country: | USA | Zipcode: | 20191 - |
| Attention: | | Relationship: | |

(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 SESSTA2007010200003 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

09/11/2008

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 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: 5px; margin: 5px 0;">The purpose of this submission is to request an extension of 60 days, from September 11, 2008 to December 11, 2008 to avoid disruption to existing customer service.</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 Linda J. Cicco | 15. Title of Person Signing Regulatory Compliance 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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