

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA to receive from the Inmarsat 4F3 at 97.65 degrees west

1. Applicant

Name:	Deere & Company	Phone Number:	310-381-2755
DBA Name:		Fax Number:	310-381-2001
Street:	20780 Madrona Ave.	E-Mail:	pwilliams@navcomtech.com
City:	Torrance	State:	CA
Country:	USA	Zipcode:	90503 -3777
Attention:	Dr Peter Williams		

2. Contact

Name:	Eliot J. Greenwald	Phone Number:	202-373-6009
Company:	Bingham McCutchen LLP	Fax Number:	202-373-6001
Street:	2020 K Street, N.W.	E-Mail:	eliot.greenwald@bingham.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -1806
Attention:	Eliot J. Greenwald	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 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

10/22/2008

7. City/Nationwide

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: Exhibit A Attachment 2: Exhibit 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;">Deere & Company seeks special temporary authority to operate up to 10,000 receive-only, non-common carrier, mobile earth stations operating in the L-band to downlink transmissions from Inmarsat's 4F3 satellite at 97.65 degrees west longitude.</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 Dr. Peter Williams	15. Title of Person Signing Director, Advanced Programs
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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