APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA – Paumalu, HI

1. Applican	t
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Name: Inmarsat Hawaii Inc. **Phone Number:** 202–248–5155

DBA Name: Fax Number: 202–248–5186

Street: 1101 Connecticut Avenue NW E–Mail: diane_cornell@inmarsat.com

Suite 1225

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Diane J. Cornell

2. Contact				
Name:	John P. Janka	Phone Number:	202-637-2200	
Company:	Latham & Watkins LLP	Fax Number:	202-637-2201	
Street:	555 Eleventh Street, NW	E–Mail:		
	Suite 1000			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20004 –	
Attention:		Relationship:	Legal Counsel	
4a. Is a fee submitted If Yes, complete and Governmental Entire Other(please explain	ber SESMFS2008022800207 or d with this application? d attach FCC Form 159. If No, ty Noncommercial education):	indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit	Receive Earth Station		
5. Type Request O Use Prior to Grant O Change Station Location O Other				
6. Requested Use Prior 11/20/2008	Date			
7. CityHaleiwa		8. Latitude (dd mm ss.s h)	21 40 14.6 N	

9. State HI	10. Longitude (dd mm ss.s h) 158 2 3.1 W			
11. Please supply any need attachments.				
Attachment 1: Exhibit A 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.)				
See Exhibit A.				
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.				
14. Name of Person Signing Diane J. Cornell	15. Title of Person Signing Director			
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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