APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for Extension of Ka band NLV Special Temporary Authority

1. Applicant

Name: New ICO Satellite Services G.P. Phone Number: 425–278–7142

DBA Name: Fax Number: 425–278–7101

Street: 225 108th Avenue NE, Suite 370 E-Mail: dennis.schmitt@ico.com

City: Bellevue State: WA

Country: USA Zipcode: 98004 -

Attention: Dennis Schmitt

2. Contact				
Name:	Suzanne Hutchings Malloy	Phone Number:	202 330 4005	
Company:	ICO Global Communications	Fax Number:	202 330 4008	
Street:	815 Connecticut Ave NW	E–Mail:	suzanne.h.malloy@ico.com	
	Suite 610			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20006 –	
Attention:	Suzanne Hutchings Malloy	Relationship:	Same	
4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	Deer SESMOD2008080401025 or Self with this application? If attach FCC Form 159. If No, in the self was a self with this application? Noncommercial education in:	dicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	eceive Earth Station		
5. Type Request Use Prior to Grant Change Station Location Other				
6. Requested Use Prior	Date			
7. CityNorth Las Vegas		8. Latitude (dd mm ss.s h)	36 14 10.0 N	

9. State NV	10. Longitude (dd mm ss.s h) 15 7 3.0 W			
11. Please supply any need attachments.				
Attachment 1: Attachment 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 attached narrative for extension of 30-day STA.				
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 Dennis Schmitt	15. Title of Person Signing Dennis Schmitt			
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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