APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: WB36 STA – Inmarsat 4F3 Renewal

1. Applicant

Name: Vizada, Inc. Phone Number: 301–838–7807

DBA Name: Fax Number: 301–838–7807

Street: 1101 Wootton Parkway E–Mail: robert.swanson@vizada.com

10th Floor

City: Rockville State: MD

Country: USA Zipcode: 20852 -

Attention: Mr Robert W Swanson

| 2. Contact | | | |
|--|---|-------------------------------------|-----------------------------------|
| Name: | Robert W. Swanson | Phone Number: | 3018387807 |
| Company: | Vizada, Inc. | Fax Number: | 3018387752 |
| Street: | 1101 Wootton Parkway | E-Mail: | robert.swanson@vizada.com |
| | 10th Floor | | |
| City: | Rockville | State: | MD |
| Country: | USA | Zipcode: | 20852 – |
| Attention: | Robert W. Swanson | Relationship: | Legal Counsel |
| | | | |
| 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain | per SESAFS2008101401318 or with this application? I attach FCC Form 159. If No y Noncommercial education: | , indicate reason for fee exemption | on (see 47 C.F.R.Section 1.1114). |
| | CGX – Fixed Satellite Transmit | t/Receive Earth Station | |
| 5. Type RequestUse Prior to Grant | o Ch | nange Station Location | Other |
| 6. Requested Use Prior 12/19/2008 | Date | | |
| 7. CitySouthbury | | 8. Latitude (dd mm ss.s h) | 41 27 5.0 N |

| 9. State | 10. Longitude (dd mm ss.s h) 73 17 19.0 W | | | |
|---|---|--|--|--|
| 11. Please supply any need attachments. | | | | |
| Attachment 1: WB36 4F3 STA Renew 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.) | | | | |
| Applicant Vizada, Inc. seeks to renew its special temporary authority (SESSTA1008101601334) to allow its Southbury, CT earth station WB36 to communicate with the Inmarsat 4F3 satellite to be located at 97.65 degrees W.L. For further information, see Exhibit 1. | | | | |
| | | | | |
| 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 Robert W. Swanson | 15. Title of Person Signing Associate Counsel | | | |
| 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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