APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Application to renew STA (Shell Robert TC)

| 1. Applicant | | | | | | | | |
|--------------|-----------|----------------------------|--|---------------------|--|--|--|--|
| N | ame: | Shell Communications, Inc. | unications, Inc. Phone Number: 713–245–1303 | | | | | |
| D | DBA Name: | | Fax Number: | 713-245-1010 | | | | |
| St | treet: | P.O. Box 20329 | E-Mail: | mona@fcc-expert.com | | | | |
| C | ity: | Houston | State: | TX | | | | |
| C | country: | USA | Zipcode: | 77252 -0329 | | | | |
| A | ttention: | Mona Lee | | | | | | |
| | | | | | | | | |

| 2. Contact | | | | | | | | |
|--|--|-----------|-------|-----------------------|--|--|--|--|
| Name: | Raul Magallanes | Phone Nu | mber: | 2813171397 | | | | |
| Company: | The Law Office of Raul Magallanes, PLLC | Fax Num | ber: | 2812718085 | | | | |
| Street: | PO Box 1213 | E–Mail: | | info@rmtelecomlaw.com | | | | |
| City: | Houston | State: | | TX | | | | |
| Country: | USA | Zipcode: | | 77549 – | | | | |
| Attention: | Raul Magallanes | Relations | hip: | Other | | | | |
| | | | | | | | | |
| (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 SESMFS2008120801545 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 CGX – Fixed Satellite Transmit/Receive Earth Station | | | | | | | | |
| 5. Type Request Image: Station Location Image: Station Location Other | | | | | | | | |
| 6. Requested Use Prior Date 12/29/2008 | | | | | | | | |

| 7. CityGulf of Mexico | 8. Latitude (dd mm ss.s h) 30 30 54.37 N | | | | | | |
|--|---|--|--|--|--|--|--|
| 9. State LA | 10. Longitude (dd mm ss.s h) 90 20 21.71 W | | | | | | |
| 11. Please supply any need attachments. | | | | | | | |
| Attachment 1: Cover LetterAttachment 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.) | | | | | | | |
| Application to renew STA (Shell Robert TC) 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 Don Happel | 15. Title of Person Signing Telecommunications 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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