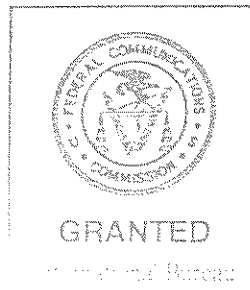


APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Extension of STA, Call Sign E060076, File No. SES-STA-20090203-00130

1. Applicant

Name:	BT Americas Inc.	Phone Number:	703-755-6733
DBA Name:		Fax Number:	703-755-6740
Street:	11440 Commerce Park Drive	E-Mail:	linda.cicco@bt.com
City:	Reston	State:	VA
Country:	USA	Zipcode:	20191 -
Attention:	Ms Linda J Cicco		



File # SES-STA-20090209-00152
Call Sign E060076 Grant Date 3/24/09
(or other identifier)
Term Dates
From 3/11/09 To: 7/11/09
Approved: Jeanette M. Spriggs

2. Contact

Name:	Linda J. Cicco	Phone Number:	703 755 6733
Company:	BT Americas Inc.	Fax Number:	703 755 6740
Street:	11440 Commerce Park Drive Suite 100	E-Mail:	linda.cicco@bt.com
City:	Reston	State:	VA
Country:	USA	Zipcode:	20191 -
Attention:		Relationship:	

(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 SESMFS2008022800207 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

03/11/2009

7. City

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: 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.) <div data-bbox="283 498 1806 660" style="border: 1px solid black; padding: 5px;"> <p>The purpose of this submission is to request an extension of 120 days, from March 11, 2009 to July 11, 2009 to avoid disruption of existing customer service and incorporate changes to points of communications as authorized pursuant to File No. SES-STA-20090203-00130.</p> </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 Linda J. Cicco	15. Title of Person Signing Regulatory Compliance 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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