## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STACband

1. Applicant

Name: IPX International Systems, Inc. Phone Number: 301–230–2224

**DBA Name:** Fax Number: 301–230–2884

**Street:** 6213 Executive Blvd **E–Mail:** dmckinney@ipx–communications.

com

City: Rockville State: MD

Country: USA Zipcode: 20852 -

**Attention:** Mr Derek I McKinney

2. Conta	ct				
	Name:	Mr Derek I McKinney	Phone Number:	301-230-2224	
	Company:	IPX International Systems, Inc.	Fax Number:	301-230-2884	
	Street:	6213 Executive Blvd	E–Mail:	dmckinney@ipx-communications.	
	City:	Rockville	State:	MD	
	Country:	USA	Zipcode:	20852 –	
	<b>Attention:</b>	Mr Derek I McKinney	Relationship:	Same	
application 3. Reference 4a. Is    If Ye   Gove   Other	on. Please enterence File Numb a fee submitted s, complete and ernmental Entit r(please explain	only one.)  oer or Submission ID IB20090010  I with this application?  I attach FCC Form 159. If No, inc  y Noncommercial educationa n):	61 dicate reason for fee exemption of licensee	on (see 47 C.F.R.Section 1.1114).	
4b. Fee C	Classification	CGX – Fixed Satellite Transmit/Re	ceive Earth Station		
5. Type Request  O Use Prior to Grant  O Change Station Location  O Other					
	sted Use Prior l /17/2009	Date			

7. CityPaumala	8. Latitude (dd mm ss.s h) 21 40 12.6 N				
9. State HI	10. Longitude (dd mm ss.s h) 158 2 6.1 W				
11. Please supply any need attachments.					
Attachment 1: 1 Attachment 2: FCCAP	P 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 Attachment 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 Mr Derek I McKinney	15. Title of Person Signing Chief Operating Officer				
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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