APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–Day STA for E030055 to communicate with the Inmarsat I2F1 satellite at 142 W.L.

1. Applicant

Name: SkyWave Mobile Phone Number: 613–836–6288

Communications, Corp.

DBA Name: Fax Number: 613–836–1088

Street: 1145 Innovation Drive, Unit 288 E–Mail: ani.tourian@skywave.com

City: Ottawa State:

Country: Zipcode: -

Attention: Ms. Ani Tourian

2. Contact						
ľ	Name:	Marc Paul	Phone Nu	ımber:	202429–6484	
(Company:	Steptoe & Johnson LLP	Fax Num	ber:	202-429-3902	
S	Street:	1330 Connecticut Ave. NW	E–Mail:		mpaul@steptoe.com	
(City:	Washington	State:		DC	
(Country:	USA	Zipcode:		20036 - 1795	
A	Attention:		Relations	hip:	Legal Counsel	
application. 3. Reference 4a. Is a fee If Yes, coordinate Other(p	Please enter e File Number ee submitted complete and mental Entity lease explain	only one.) or SESSTA2009031300308 or Someth this application? attach FCC Form 159. If No, in Noncommercial education or in the second s	ubmission ID ndicate reason hal licensee	for fee exemption (see	number or the IB Submission ID of the related 47 C.F.R.Section 1.1114).	
4b. Fee Clas	ssification (CGX – Fixed Satellite Transmit/R	eceive Earth S	tation		
5. Type Request O Use Prior to Grant O Change Station Location O Other						
6. Requested 05/18	d Use Prior D /2009	ate				
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: E030055I2F1 STA Nar 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.)							
SkyWave Mobile Communications, Corp. ('SkyWave') requests renewal of Special Temporary Authority to use a second generation Inmarsat satellite located at 142 W.L. Please see the attached narrative for further detail.							
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	15. Title of Person Signing Vice President of Finance and Administration						
Ani Tourian							
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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