APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Application for STA for to test antenna (Stim Star Angola on IS-707)

1. Applicant

Name: CapRock Communications, Inc. **Phone Number:** 832–668–2751

DBA Name: Fax Number: 832–668–2780

Street: 4400 S. Sam Houston Parkway Ea **E-Mail:** esands@caprock.com

City: Houston State: TX

Country: USA Zipcode: 77048 –

Attention: Ms EllenAnn Sands

2. Contact						
Na	ame:	Raul Magallanes	Phone No	umber:	281 317 1397	
Co	ompany:	The Law Office of Raul Magallanes, PLLC	Fax Num	lber:	281 271 8085	
St	reet:	PO Box 1213	E–Mail:		info@rmtelecomlaw.com	
Ci	ty:	Houston	State:		TX	
Co	ountry:	USA	Zipcode:		77549 –	
At	tention:	Raul Magallanes	Relations	ship:	Legal Counsel	
(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 or Submission ID						
		with this application? attach FCC Form 159. If No	o, indicate reason	for fee exemption (see	47 C.F.R.Section 1.1114).	
Governme	ental Entity	Noncommercial educa	tional licensee			
Other(ple	ase explain):				
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Reque	est					
Use Prior	r to Grant	o 0	Change Station Location		O Other	
6. Requested Use Prior Date 06/08/2009						

7. CityAmelia	8. Latitude					
	(dd mm ss.s h) 29 38 31.9 N					
9. State LA	10. Longitude					
	(dd mm ss.s h) 91 6 44.1 W					
11. Please supply any need attachments.						
Attachment 1: Cover Letter 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.)						
Application for STA for to test antenna (Stim Star Angola on IS-707)						
<u> </u>						
12. Dy chaoking Vos. the undersigned cortifies that neither applicant no	eany other party to the application is					
13. By checking Yes, the undersigned certifies that neither applicant nor subject to a denial of Federal benefits that includes FCC benefits pursua	* * * **					
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					
EllenAnn Sands	Corporate 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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