APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Sirius FM5 LEOP support

| pplicant | | | |
|-----------------|-------------------------------|---------------|----------------------|
| Name: | Universal Space Network, Inc. | Phone Number: | 215-328-9130 |
| DBA Name | : | Fax Number: | 215-328-9132 |
| Street: | 417 Caredean Drive | E-Mail: | jswank@uspacenet.com |
| | Suite A | | |
| City: | Horsham | State: | PA |
| Country: | USA | Zipcode: | 19044 – |
| Attention: | Joanne Swank | | |

| 2 Contract | | | | | | | |
|---|---|--------------|---|--|--|--|--|
| 2. Contact | | | | | | | |
| Name: | Universal Space Network, Inc. | Phone Num | ber: 215–328–9130 | | | | |
| Company: | | Fax Number | er: 215–328–9132 | | | | |
| Street: | 417 Caredean Drive | E-Mail: | jswank@uspacenet.com | | | | |
| | Suite A | | | | | | |
| City: | Horsham | State: | PA | | | | |
| Country: | USA | Zipcode: | 19044 — | | | | |
| Attention: | | Relationship | p: | | | | |
| | | | | | | | |
| (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 | | | | | | |
| 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 O Noncommercial educational licensee | | | | | | | |
| • Other(please explain): | | | | | | | |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station | | | | | | | |
| 5. Type Request | | | | | | | |
| Use Prior to Grant Change Station Location Other | | | | | | | |
| 6. Requested Use Prior I 06/29/2009 | Date | | | | | | |
| 7. CityNaalehu | | | . Latitude ld mm ss.s h) 19 0 49.6 N | | | | |

| 9. State HI | 10. Longitude (dd mm ss.s h) 155 39 46.6 W | | | | | |
|---|--|--|--|--|--|--|
| 11. Please supply any need attachments. | | | | | | |
| Attachment 1: FCC 312 schedule A Attachment 2: FCC 312 Schedule B Attachment 3: Coordination Report | | | | | | |
| 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.) | | | | | | |
| Sirius FM5 LEOP activities for launch + 12 days. Launch currently scheduled for June 30, 2009 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 Joanne Greet–Swank | 15. Title of Person Signing Manager, Compliance & Contracts | | | | | |
| 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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