## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for operation of a Ku-band VSAT network prior to License grant.

1. Applicant

Name: Shared Data Networks, LLC **Phone Number:** 704–587–4828

**DBA Name:** Fax Number: 704–588–4820

Street: 11101 Nations Ford Road E–Mail: ljones@sdnglobal.com

City: Pineville State: NC

Country: USA Zipcode: 28134 -

**Attention:** Mr Larry Jones

2. Contact					
Name	e: Larry Jones	Phone N	umber:	704-587-4828	
Com	pany: Shared Data Netwo	orks, LLC Fax Nun	nber:	704-588-4820	
Stree	t: 11101 Nations Ford	d Road E–Mail:		ljones@sdnglobal.o	com
City:	Pineville	State:		NC	
Coun	try: USA	Zipcode	:	28134 –	
Atten	ation:	Relation	ship:	Same	
(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 Noncommercial educational licensee					
Other(please explain):					
4b. Fee Classification CGV – Fixed Satellite VSAT System					
5. Type Request					
Use Prior to Grant Change Station Location Other					
6. Requested Use 06/11/2009					
7. CityAtlanta			8. Latitude (dd mm ss.s h) 33 45 21.4 N		

9. State GA 10. Longitude (dd mm ss.s h) 84 23 27.7 W 11. Please supply any need attachments. Attachment 1: Reasons for Request Attachment 2: RadHaz Studies Attachment 3: Data Sheets 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.) Request for STA to operate a Ku-band VSAT blanket network operating CONUS, AK, HI, PR, VI and hub stations located in Atlanta, Georgia, prior to Permanent license grant. Further explanation and justification for STA is contained in Attachment 1 to this filing. 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No 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 **CEO** and President Mr Larry Jones 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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