APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: E990192 STA Request 9/10/2009

1. Applicant

Name: BANK OF AMERICA N.A. **Phone Number:** 631–457–1342

DBA Name: Fax Number:

Street: 45 Oser Ave. E–Mail: MJund@globecommsystems.com

City: Hauppauge State: NY

Country: USA Zipcode: 11788 -

Attention: Mr Michael Jund

2. Contact				
Name:	Michelle A. McClure	Phone Number:	703-812-0484	
Company:	Fletcher, Heald & Hildreth, P.L.C.	Fax Number:	703-812-0486	
Street:	1300 North 17th Street	E–Mail:	mcclure@fhhlaw.com	
	11th Floor			
City:	Arlington	State:	VA	
Country:	USA	Zipcode:	22209 –	
Attention:	Michelle A. McClure	Relationship:	Legal Counsel	
Ofther(please explain	with this application? attach FCC Form 159. If No, indicate of Noncommercial educational):	licensee	mption (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification C	CGX – Fixed Satellite Transmit/Reco	eive Earth Station		
5. Type Request Use Prior to Grant Change Station Location Other				
6. Requested Use Prior D 09/10/2009	Pate			
7. CityCharlotte			8. Latitude (dd mm ss.s h) 35 12 9.0 N	

9. State NC	10. Longitude			
3. State NC	(dd mm ss.s h) 80 56 6.0 W			
11. Places symply any need attachments				
11. Please supply any need attachments.				
Attachment 1: Request 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.)				
Bank of America request Special Temporary Authority to operate E990192 while the renewal				
application is pending.				
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			
Michael Jund	Senior Director, Program Management			
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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