## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for STA of Call Sign E980159

1. Applicant

Name: Satcom Systems, Incorporated **Phone Number:** 818–775–9740

**DBA Name:** Fax Number: 818–885–1882

Street: 9400 Lurline Avenue, Unit B E–Mail: william.k.coulter@bakernet.com

City: Chatsworth State: CA

**Country:** USA **Zipcode:** 91311 -6022

**Attention:** Mr Tom D Soumas Jr

| 2. Contact  |                              |                        |                                |  |
|---|------------------------------|------------------------|--------------------------------|--|
| Name:   | William K. Coulter           | Phone Number:          | 202-835-6136                   |  |
| Company   | : Baker & McKenzie LLP       | Fax Number:            | 202-416-7138                   |  |
| Street:   | 815 Connecticut Avenue, N.W. | E-Mail:                | william.k.coulter@bakernet.com |  |
|   |                              |                        |                                |  |
| City:   | Washington                   | State:                 | DC                             |  |
| Country:  | USA                          | Zipcode:               | 20006 –                        |  |
| Attention:  | William K. Coulter           | Relationship:          | 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 IB2009007554  |                              |                        |                                |  |
| 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 CGB – Mobile Satellite Earth Stations  |                              |                        |                                |  |
| 5. Type Request   |                              |                        |                                |  |
| Use Prior to Grant Change Station Location Other  |                              |                        |                                |  |
| Change Station Escation   |                              |                        |                                |  |
| 6. Requested Use Price  | or Date                      |                        |                                |  |
| 11/30/2009  |                              |                        |                                |  |
| 7. CityVarious  |                              | 8. Latitud<br>(dd mm s |                                |  |
|   |                              | (uu iiiii s            | 5.5 II) U U.U                  |  |

| 9. State  | 10. Longitude (dd mm ss.s h) 0 0 0.0        |  |  |  |
|---|---|--|--|--|
| 11. Please supply any need attachments.   |   |  |  |  |
| Attachment 1: 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.)  |   |  |  |  |
| Satcom Systems hereby requests a grant of temporary authority to operate under license Call Sign E980159 pending the grant of its timely filed Renewal Application for this license, filed this date. A grant of this request will insure the continuity of services to users of this facility pending the renewal process, and will prevent a  |   |  |  |  |
| 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 Tom D. Soumas, Jr.   | 15. Title of Person Signing President & CEO |  |  |  |
| 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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## 12. Description

Satcom Systems hereby requests a grant of temporary authority to operate under license Call Sign E980159 pending the grant of its timely filed Renewal Application for this license, filed this date. A grant of this request will insure the continuity of services to users of this facility pending the renewal process, and will prevent a discontinuance of the vital corporate and governmental services, including emergency services. No interference with other services will occur as a result of the grant of this request, as all operations will be consistent with the terms of the underlying license.