APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: WB36 Dec STA Ext. for Telstar 11N 13.75−14.0 GHz Communication

1. Applicant

Name: Vizada, Inc. Phone Number: 301–838–7807

DBA Name: Fax Number: 301–838–7807

Street: 2600 Tower Oaks Boulevard E–Mail: robert.swanson@vizada.com

City: Rockville State: MD

Country: USA Zipcode: 20852 -

Attention: Mr Robert W Swanson

| 2. Contact | | | | |
|-----------------------------------|--|----------------------------------|-----------------------------------|--|
| Name: | Vizada, Inc. | Phone Number: | 301-838-7909 | |
| Company | : | Fax Number: | 301-838-7801 | |
| Street: | 2600 Tower Oaks Boulevard | E-Mail: | james.lovelace@vizada.com | |
| City: | Rockville | State: | MD | |
| Country: | USA | Zipcode: | - | |
| Attention: | | Relationship: | Other | |
| | , vames of 20 (care) | | | |
| 4a. Is a fee submitt | mber SESAMD2009100601284 or steed with this application? and attach FCC Form 159. If No, ir tity Noncommercial education | ndicate reason for fee exemption | on (see 47 C.F.R.Section 1.1114). | |
| 4b. Fee Classification | CGX – Fixed Satellite Transmit/R | eceive Earth Station | | |
| 5. Type Request | | | | |
| Use Prior to Grar | Use Prior to Grant Change Station Location Other | | | |
| 6. Requested Use Prior 12/12/2009 | or Date | | | |
| 7. CitySouthbury | | 8. Latitude (dd mm ss.s h) | | |

| o a gr | | | | |
|---|-----------------------------|--|--|--|
| 9. State CT | 10. Longitude | | | |
| | (dd mm ss.s h) 73 17 19.4 W | | | |
| 11. Please supply any need attachments. | | | | |
| Attachment 1: Need Statement 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.) | | | | |
| Special Temporary Authority requested for WB36 to continue to utilize 13.75-14.0 GHz to | | | | |
| communicate with Telstar 11N Satellite. | | | | |
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| | | | | |
| 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. | | | | |
| bee 47 CTR 1.2002(b) for the meaning of exquot, party to the application exquot, for these purposes. | | | | |
| | | | | |
| 14. Name of Person Signing | 15. Title of Person Signing | | | |
| James G. Lovelace | Security Officer | | | |
| 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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