

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

KB34 – 29 December 09 2F1 STA Renewal

**1. Applicant**

<b>Name:</b>	Vizada, Inc.	<b>Phone Number:</b>	301-838-7807
<b>DBA Name:</b>		<b>Fax Number:</b>	301-838-7752
<b>Street:</b>	2600 Tower Oaks Boulevard	<b>E-Mail:</b>	rob.swanson@vizada.com
<b>City:</b>	Rockville	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20852 -
<b>Attention:</b>	Mr Robert W Swanson		

**2. Contact**

<b>Name:</b>	Vizada, Inc.	<b>Phone Number:</b>	301-838-7807
<b>Company:</b>		<b>Fax Number:</b>	301-838-7752
<b>Street:</b>	2600 Tower Oaks Boulevard	<b>E-Mail:</b>	rob.swanson@vizada.com
<b>City:</b>	Rockville	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20852 -
<b>Attention:</b>	Robert Swanson	<b>Relationship:</b>	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 SESSTA2009102701370 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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

01/03/2010

7. City Santa Paula

8. Latitude

(dd mm ss.s h) 34 24 5.0 N

9. State CA	10. Longitude (dd mm ss.s h) 119 4 29.4 W
11. Please supply any need attachments. Attachment 1: KB34 2F1STA-29Dec09      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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">KB34 2F1 renewal to commence January 3, 2010.</div>	
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. <span style="float: right;"><input checked="" type="radio"/> Yes      <input type="radio"/> No</span>	
14. Name of Person Signing Robert Swanson	15. Title of Person Signing Associate Counsel
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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