

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Special Temporary Authority for E000035

1. Applicant

Name:	SPACENET SERVICES LICENSE SUB, INC.	Phone Number:	703-848-1000
DBA Name:		Fax Number:	703-848-1184
Street:	1750 OLD MEADOW ROAD	E-Mail:	lesley.cooper@spacenet.com
City:	MCLEAN	State:	VA
Country:	USA	Zipcode:	22102 -
Attention:	Lesley Cooper		

2. Contact

Name:	Lesley Cooper	Phone Number:	703-848-1000
Company:	SPACENET SERVICES LICENSE SUB, INC.	Fax Number:	703-848-1184
Street:	1750 OLD MEADOW ROAD	E-Mail:	lesley.cooper@spacenet.com
City:	MCLEAN	State:	VA
Country:	USA	Zipcode:	22102 -
Attention:	Lesley Cooper	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

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
02/01/2010

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