APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for STA while permanent application is reviewed (BRA19)

1. Applicant

Name: Shell Communications, Inc. **Phone Number:** 713–245–1303

DBA Name: Fax Number: 713–245–1010

Street: P.O. Box 20329 E-Mail: mona@fcc-expert.com

City: Houston State: TX

Country: USA **Zipcode:** 77252 -0329

Attention: Mona Lee

| 2. Conta | act | | | | | |
|---|----------------------------|--|---------------------------|------------------------|---|--|
| | | | | | | |
| | Name: | Raul Magallanes | Phone Number: | 28 | 81–317–1397 | |
| | Company: | The Law Office of Raul Magallanes, PLLC | Fax Number: | 28 | 81–271–8085 | |
| | Street: | PO Box 1213 | E–Mail: | in | fo@rmtelecomlaw.com | |
| | City: | Houston | State: | Т | X | |
| | Country: | USA | Zipcode: | 77 | 7549 – | |
| | Attention: | Raul Magallanes | Relationship: | C | Other | |
| | | | | | | |
| applicati | ion. Please enter | | | either the file number | er or the IB Submission ID of the related | |
| | | l with this application? I attach FCC Form 159. If No | , indicate reason for fee | exemption (see 47 C. | .F.R.Section 1.1114). | |
| | | y Noncommercial educati | | | | |
| O Oth | er(please explain | n): | | | | |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station | | | | | | |
| 5. Type | Request | | | | | |
| Use Prior to Grant Change Station Location | | | | ٥ | Other | |
| | ested Use Prior 14/10/2010 | Date | | | | |

| 7. CityGulf of Mexico | 8. Latitude (dd mm ss.s h) 28 10 30.0 N | | | | | |
|---|--|--|--|--|--|--|
| 9. State LA | 10. Longitude (dd mm ss.s h) 95 35 7.2 W | | | | | |
| 11. Please supply any need attachments. | | | | | | |
| Attachment 1: Cover Letter Attachment 2: Freq. Coordination Attachment 3: SD Tables | | | | | | |
| 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.) | | | | | | |
| Request for STA while permanent application i | s reviewed (BRA19) | | | | | |
| 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 Don Happel | 15. Title of Person Signing Manager | | | | | |
| 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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