APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:
 STA for Call Sign E050272, Napa, CA

1. Applicant

Name:	Lockheed Martin Corporation	**Phone Number:**	703–413–5970
DBA Name:		**Fax Number:**	703–413–5908
Street:	2121 Crystal Drive	**E–Mail:**	jennifer.warren@lmco.com
	Suite 100		
City:	Arlington	**State:**	VA
Country:	USA	**Zipcode:**	22202 –
Attention:	Ms Jennifer Warren		

2. Contact

Name:	Stephen D. Baruch	**Phone Number:**	202–416–6782
Company:	Lerman Senter PLLC	**Fax Number:**	202–429–4626
Street:	2000 K Street, NW	**E–Mail:**	sbaruch@lermansenter.com
	Suite 600		
City:	Washington	**State:**	DC
Country:	USA	**Zipcode:**	20006 –
Attention:		**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 04/10/2010	
7. CityNapa	8. Latitude (dd mm ss.s h) 38 14 41.6 N

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9. State CA	10. Longitude
	(dd mm ss.s h) 122 16 45.8 W

11. Please supply any need attachments.
Attachment 1: Exhibit A   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.)

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Request for STA to allow slight relaxation of azimuth and elevation coordination limits to
permit continued operation with LM-RPS1 satellite following anomaly suffered by host
satellite.  See Exhibit A.
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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.

◉ Yes   ◯ No

14. Name of Person Signing	15. Title of Person Signing
Jennifer Warren	Vice President, Trade Policy & Regulation

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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