## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E040204 60–Day STA Extension Request to communicate with XM–4 (Call Sign S2616) at 115.25

1. Applicant						
Name:	XM Radio Inc.	Phone Number:	202-380-4000			
DBA Name:		Fax Number:	202-380-4981			
Street:	1500 Eckington Place, NE	E-Mail:	James.Blitz@siriusxm.com			
City:	Washington	State:	DC			
Countr	y: USA	Zipcode:	20002 –			
Attentio	on: James S. Blitz					

2. Contact						
Name:	Karis A. Hastings, Esq.	Phone Number	: 202-63	202-637-5767		
Compar	ny: Hogan Lovells US LLP	Fax Number:	202-63	202-637-5911		
Street:	555 Thirteenth Street, NW	E–Mail:	karis.ha	astings@hoganlovells.com		
City:	Washington	State:	DC			
Country	v: USA	Zipcode:	20004	-1109		
Attentio	Attention:		Relationship:			
<ul> <li>application. Please enter only one.)</li> <li>3. Reference File Number or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>						
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						

7. CityEllenwood	8. Latitude (dd mm ss.s h) 33 39 51.0 N					
9. State GA	10. Longitude (dd mm ss.s h) 84 16 24.0 W					
11. Please supply any need attachments.         Attachment 1: STA Request       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.)						
XM Radio Inc. requests a 60-day extension of the STA granted on October 13 (File No. SES-STA-20100929-01225) to permit E040204 to communicate with XM-4 (Call Sign S2616) at 115.25         W.L.         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 James S. Blitz	15. Title of Person Signing Vice President, Regulatory 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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