

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Extension request for certain IOT authority (Napa)

1. Applicant

Name:	LightSquared Subsidiary LLC	Phone Number:	703-390-2001
DBA Name:		Fax Number:	703-390-2770
Street:	10802 Parkridge Blvd	E-Mail:	jeff.carlisle@lightsquared.com
City:	Reston	State:	VA
Country:	USA	Zipcode:	20191 -
Attention:	Mr Jeffrey J. Carlisle		

2. Contact

Name:	Bruce D. Jacobs	Phone Number:	202-663-8000
Company:	Pillsbury Winthrop Shaw Pittman LLP	Fax Number:	202-663-8007
Street:	2300 N Street NW	E-Mail:	bruce.jacobs@pillsburylaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20037 -
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 SESSTA2010102501347 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

7. CityNapa	8. Latitude (dd mm ss.s h) 38 14 41.5 N
9. State CA	10. Longitude (dd mm ss.s h) 122 16 47.5 W
11. Please supply any need attachments. Attachment 1: 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: 10px 0;">As a result of minor delays, applicant seeks a 30-day extension until January 31, 2011 to complete certain in-orbit testing of SkyTerra 1. See File No. SES-STA-20101025-01347.</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Jeffrey J. Carlisle	15. Title of Person Signing Executive Vice President, Regulatory Affairs
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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