

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
E040204 30-Day STA Request to permit testing of XM-5 (Call Sign S2786)

**1. Applicant**

<b>Name:</b>	XM Radio Inc.	<b>Phone Number:</b>	212-584-5100
<b>DBA Name:</b>		<b>Fax Number:</b>	212-584-5353
<b>Street:</b>	1221 Avenue of the Americas 36th Floor	<b>E-Mail:</b>	James.Blitz@siriusxm.com
<b>City:</b>	New York	<b>State:</b>	NY
<b>Country:</b>	USA	<b>Zipcode:</b>	10020 -
<b>Attention:</b>	James Blitz		

**2. Contact**

<b>Name:</b>	Karis A. Hastings, Esq.	<b>Phone Number:</b>	202-637-5767
<b>Company:</b>	Hogan Lovells US LLP	<b>Fax Number:</b>	202-637-5911
<b>Street:</b>	555 Thirteenth Street, NW	<b>E-Mail:</b>	karis.hastings@hoganlovells.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004 -1109
<b>Attention:</b>		<b>Relationship:</b>	

(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



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