

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA – Albuquerque satellite

1. Applicant

Name:	TeleBEEPER of NEW MEXICO, INC	Phone Number:	505-883-4333 x101
DBA Name:		Fax Number:	505-883-6043
Street:	4545 McLeod NE Suite C	E-Mail:	telebeeper@aol.com
City:	Albuquerque	State:	NM
Country:	USA	Zipcode:	87109 -
Attention:			

2. Contact

Name:	Christine McLaughlin	Phone Number:	202-344-4000
Company:	Venable LLP	Fax Number:	202-344-8300
Street:	575 7th Street, NW	E-Mail:	cmclaughlin@venable.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -
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

11/01/2011

7. City Albuquerque

8. Latitude

(dd mm ss.s h) 35 8 15.9 N

9. State NM	10. Longitude (dd mm ss.s h) 106 35 40.4 W
11. Please supply any need attachments. Attachment 1: Satellite STA 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;">Applicant respectfully requests special temporary authority to operate a transmit/receive earth station for the control of wireless telecommunicacions networks. Technical information for the requested facilities are contained in Attachment 1 hereto.</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 Dallas Vanderhoof	15. Title of Person Signing Pres.
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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