APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension

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

2. Contact								
Name:	TeleBEEPER of NEW MEXICO, INC	Phone Number:	505-883-4333 x101					
Company:		Fax Number:	505-883-6043					
Street:	4545 McLeod NE	E–Mail:	telebeeper@aol.com					
	Suite C							
City:	Albuquerque	State:	NM					
Country:	USA	Zipcode:	87109 –					
Attention:		Relationship:						
(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).								
	Noncommercial educational	licensee						
• Other(please explain	n):							
4b. Fee Classification	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 I 12/01/2011	Date							

7. CityAlbuqueque	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: Request for 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.) Applicant requests further Special Temporary Authority, to extend the STA granted under File No. SES-STA-20111027-01270, pending completion and proecessing of Applicant's application for permanent authority						
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 Dallas Vanderhoof	15. Title of Person Signing President					
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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