

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Fairbanks Earth Station 60-Day Pre-Grant STA Request

1. Applicant

Name:	Skybox Imaging Inc.	Phone Number:	650-316-6661
DBA Name:		Fax Number:	
Street:	1061 Terra Bella Ave.	E-Mail:	jim@skyboximaging.com
City:	Mountain View	State:	CA
Country:	USA	Zipcode:	94043 -
Attention:	Mr. Jim McClelland		

2. Contact	
Name:	Stephen D. Baruch
Company:	Lerman Senter PLLC
Street:	2000 K Street, NW Suite 600
City:	Washington
Country:	USA
Attention:	
Phone Number:	202-416-6782
Fax Number:	202-429-4626
E-Mail:	sbaruch@lermansenter.com
State:	DC
Zipcode:	20006 -
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 IB2012000457	
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 03/01/2012	
7. City Fairbanks	8. Latitude (dd mm ss.s h) 64 48 47.4 N

9. State AK	10. Longitude (dd mm ss.s h) 147 43 57.3 W
11. Please supply any need attachments. Attachment 1: Attachment A Attachment 2: Reference Copy 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.) See Attachment A.	
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. ☒ Yes ☐ No	
14. Name of Person Signing Jim McClelland	15. Title of Person Signing Vice President, Mission Assurance
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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