## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: EXTENSION OF STA FOR E970117

1. Applicant

Name: Life On The Way Phone Number: 818–779–8444

Communications, Inc.

**DBA Name:** Fax Number: 818–779–8411

Street: 14820 Sherman Way E–Mail:

City: Van Nuys State: CA

**Country:** USA **Zipcode:** 91405 –2233

**Attention:** Mr Gary Curtis

| 2. Contact   |  |   |                            |   |  |  |
|--|--|---|----------------------------|---|--|--|
|  | Name:  | JEFFREY D SOUTHMAYD   | Phone Number:              | 3864459156  |  |  |
|  | Company:   | SOUTHMAYD & MILLER  | Fax Number:                | 8885573686  |  |  |
|  | Street:  | 4 OCEAN RIDGE BOULEVARD SOUTH   | E–Mail:                    | JDSOUTHMAYD@MSN.COM                                   |  |  |
|  | City:  | PALM COAST  | State:                     | FL  |  |  |
|  | Country:   | USA   | Zipcode:                   | 32137 –   |  |  |
|  | Attention:   |   | Relationship:              | Legal Counsel   |  |  |
| (If your one   | nlication is ro  | leted to an application filed with the  | Commission antar aither th | as file number or the IR Submission ID of the related |  |  |
| (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 SESSTA2012021500172 or Submission ID |  |   |                            |   |  |  |
| O If Yes, O Govern   | complete and   | with this application? I attach FCC Form 159. If No, indicate of the indicate |                            | on (see 47 C.F.R.Section 1.1114).                     |  |  |
|  |  | CGX – Fixed Satellite Transmit/Reco   | eive Earth Station         |   |  |  |
| 5. Type Red  |  |   |                            |   |  |  |
| - JF   | 1  |   |                            |   |  |  |
| O Use Pr   | O Use Prior to Grant O Change Station Location O Other |   |                            |   |  |  |
| _  | ed Use Prior l<br>1/2012                               | Date  |                            |   |  |  |

| 7. CityVAN NUYS   | 8. Latitude (dd mm ss.s h) 34 12 1.0 N     |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 9. State CA   | 10. Longitude (dd mm ss.s h) 118 27 19.0 W |  |  |  |  |  |
| 11. Please supply any need attachments.   |  |  |  |  |  |  |
| Attachment 1: 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.)  |  |  |  |  |  |  |
| 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 GARY CURTIS  | 15. Title of Person Signing VICE 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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