APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E010332 STA to Communicate with NSS-7

1. Applicant

Name: MTN License Corp. Phone Number: 206–838–7700

DBA Name: Fax Number:

Street: 719 2nd Avenue E–Mail: ianthompson@mtnsat.com

Suite 820

City: Seattle State: WA

Country: USA Zipcode: 98104 -

Attention: Mr Ian Thompson

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 CGV – Fixed Satellite VSAT System	2. Contact			
Street: 2000 K Street, NW E-Mail: sbaruch@lermansenter. com/pbonomo@lermansenter.com/pbonomo@ler	Name:	-	Phone Number:	202-429-8970
Suite 600 City: Washington State: DC Country: USA Zipcode: 20006 - 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 re 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 CGV - Fixed Satellite VSAT System 5. Type Request	Company:	Lerman Senter PLLC	Fax Number:	202–293–7783
City: Washington State: DC Country: USA Zipcode: 20006 - 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 reapplication. 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 CGV – Fixed Satellite VSAT System 5. Type Request	Street:	2000 K Street, NW	E–Mail:	
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5. Type Request			tem	
Change Station Location	5. Type Request			• Other
6. Requested Use Prior Date 05/18/2012	6. Requested Use Prior		nge Station Location	- Other

7. CityMiramar	8. Latitude (dd mm ss.s h) 25 58 54.6 N				
9. State FL	10. Longitude (dd mm ss.s h) 80 16 59.5 W				
11. Please supply any need attachments.					
Attachment 1: Exhibit A 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.)					
See Exhibit 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.					
14. Name of Person Signing Robert Hanson	15. Title of Person Signing Vice President				
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