

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
HUB45 STA Extension

1. Applicant

Name:	VSAT Systems, LLC	Phone Number:	330-785-2100 x104
DBA Name:		Fax Number:	419-818-1978
Street:	1520 South Arlington Street	E-Mail:	mike. kister@satventuresmanagement. com
City:	Akron	State:	OH
Country:	USA	Zipcode:	44306 -
Attention:	Michael Kister		

2. Contact

Name:	Donna Balaguer	Phone Number:	202-626-7719
Company:	Fish & Richardson P.C.	Fax Number:	202-783-2331
Street:	1425 K Street, N.W. Suite 1100	E-Mail:	balaguer@fr.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20005 -
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 SESMOD2012022900267 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

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
06/01/2012

7. CityAkron

8. Latitude
(dd mm ss.s h) 41 1 50.8 N

9. State OH	10. Longitude (dd mm ss.s h) 81 29 34.2 W
11. Please supply any need attachments. Attachment 1: STA Exhibit Attachment 2: Modification 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;">Extend existing special temporary authority to operate two additional hub sites under E090086 while maintenance is being performed on currently authorized antennas and permanent modification application is pending</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 Michael Kister	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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