## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to continue to operate SE–125 and EdoSul 2 as POC prior to grant (Jul 2012)

1. Applicant

Name: Telesat Network Services, Inc. **Phone Number:** 908–698–4882

**DBA Name:** Fax Number: 908–719–0226

Street: 135 Routes 202/206 E-Mail: rcondurso@telesat.com

City: Bedminster State: NJ

**Country:** USA **Zipcode:** 07921 -1538

**Attention:** Mr Robert Condurso

2. Contact						
Nai	me:	Joseph A. Godles	Phone No	umber:	202-429-4900	
Con	mpany:	Goldberg, Godles, Wiener & Wright	Fax Num	nber:	202–429–4912	
Str	eet:	1229 19th Street, N.W.	E-Mail:		jgodles@g2w2.com	
Cit	<b>y:</b>	Washington	State:		DC	
Cor	untry:	USA	Zipcode:		20036 –	
Att	ention:		Relations	ship:	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 SESMOD2012030800248 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).						
O Governmental Entity Noncommercial educational licensee						
Other(please explain):						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Reques	st					
• Use Prior to Grant			ange Station Location		O Other	
6. Requested U 07/24/20		ate				

- a	Ta						
7. CityMount Jackson	8. Latitude						
	(dd mm ss.s h) 38 43 42.0 N						
9. State VA	10. Longitude						
	(dd mm ss.s h) 78 39 25.0 W						
11. Please supply any need attachments.							
Attachment 1: STA extension 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 hereby seeks extension of its interim authority (SES-STA-20120517-00450) in							
accordance with the attached.							
accordance with the attached.							
13. By checking Yes, the undersigned certifies that neither applicant nor	r any other porty to the application is						
subject to a denial of Federal benefits that includes FCC benefits pursua							
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.							
See +7 CTX 1.2002(0) for the incanning of exquot, party to the application equot, for these purposes.							
14. Name of Person Signing	15. Title of Person Signing						
George Wazeter	Director, Regulatory Affairs						
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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