## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request to extend STA for Intellian ESV application

1. Applicant

Name: Harris CapRock Communications, **Phone Number:** 832–668–2751

Inc.

**DBA Name:** 832–668–2780

Street: 4400 S. Sam Houston Parkway Ea **E-Mail:** esands@caprock.com

City: Houston State: TX

Country: USA Zipcode: 77048 –

**Attention:** Ms EllenAnn Sands

2. Contact							
N	Name:	Raul Magallanes	Phone N	umber:	281.317.1397		
(	Company:	The Law Office of Raul Magallanes, PLLC	Fax Num	iber:	281.271.8085		
S	Street:	PO Box 1213	E–Mail:		raul@rmtelecomlaw.com		
(	City:	Friendswood	State:		TX		
(	Country:	USA	Zipcode:		77549 –		
A	Attention:	Raul Magallanes	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 or Submission ID							
		with this application? attach FCC Form 159. If No	o, indicate reason	for fee exemption (see	47 C.F.R.Section 1.1114).		
<ul> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity</li> <li>Noncommercial educational licensee</li> </ul>							
	lease explain	<b>-</b>					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Requ	uest						
Use Pri	or to Grant	O C	hange Station Lo	ocation	Other		
6. Requested 10/06/	d Use Prior D /2012	Pate					

7. CityGulf of Mexico	8. Latitude (dd mm ss.s h) 0 0 0.0 N					
9. State LA	10. Longitude (dd mm ss.s h) 0 0 0.0 W					
11. Please supply any need attachments.						
Attachment 1: Cover Letter 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 EllenAnn Sands	15. Title of Person Signing Senior Counsel					
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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