APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E000001 modification STA

1. Applicant

Name: Exxon Communications Company Phone Number: 713–431–4134

DBA Name: Fax Number: 262–313–9709

Street: GSC-GW3-366B E-Mail: mary.c.weichel@exxonmobil.com

P O BOX 4934

City: Houston State: TX

Country: USA **Zipcode:** 77210 –4934

Attention: MARY CAROL WEICHEL

2. Contact						
	Name:	MARY CAROL WEICHEL	Phone Number:	713–431–4134		
	Company:	Exxon Communications Company	Fax Number:	262–313–9709		
	Street:	GSC-GW3-366B	E-Mail:	mary.c.weichel@exxonmobil.com		
		P O BOX 4934				
	City:	Houston	State:	TX		
	Country:	USA	Zipcode:	77210 -4934		
	Attention:	MARY CAROL WEICHEL	Relationship:	Same		
application	. Please enter			the file number or the IB Submission ID of the rel	ated	
		with this application?	0 0			
if Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).						
		Noncommercial educational	licensee			
Other	please explair	1):				
4b. Fee Cla	assification (CGX – Fixed Satellite Transmit/Rece	eive Earth Station			
5. Type Rec	quest					
Use Prior to Grant Change Station Location Other						
•	ed Use Prior I 1/2012	Date				

7. City	8. Latitude (dd mm ss.s h) 0 0 0.0					
9. State	10. Longitude (dd mm ss.s h) 0 0 0.0					
11. Please supply any need attachments.						
Attachment 1: 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.)						
NULL						
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 MARY CAROL WEICHEL	15. Title of Person Signing REGULATORY SPECIALIST					
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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