

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA FOR E000001

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: | 7134314134 |
| Company: | EXXON COMMUNICATIONS COMPANY | Fax Number: | |
| Street: | P.O. BOX 4934 | E-Mail: | MARY.C. WEICHEL@EXXONMOBIL. COM, |
| | GCW-GW3-366B | | |
| City: | HOUSTON | State: | TX |
| Country: | USA | Zipcode: | 77210 -4934 |
| Attention: | MARY CAROL WEICHEL | Relationship: | Same |

(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 SESMFS2012090400794 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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

04/01/2013

| | |
|--|--|
| 7. City GULF OF MEXICO | 8. Latitude (dd mm ss.s h) 26 56 20.8 N |
| 9. State GU | 10. Longitude (dd mm ss.s h) 91 41 20.0 W |
| 11. Please supply any need attachments. Attachment 1: STA FOR E00001 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">PLEASE ALLOW THIS STA TO REMAIN IN EFFECT FOR 3 MONTHS</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 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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