## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E130021 TX gateway STA concerning satellite operational flexibility (Aug 2014)

1. Applicant

Name: O3b Limited Phone Number: 202–813–4026

DBA Name: Fax Number:

Street: 900 17th Street, NW, #300 **E–Mail:** joslyn.read@o3bnetworks.com

City: Washington State:

Country: USA Zipcode: -

Attention: Ms Joslyn Read

2. Contact						
Na	ame:	Joseph A. Godles	Phone Nu	mber:	202-429-4900	
Co	ompany:	Goldberg Godles Wiener & Wright LLP	Fax Numl	ber:	202-429-4912	
St	reet:	1229 19th Street, NW	E-Mail:		jgodles@g2w2.com	
Ci	ity:	Washington	State:		DC	
Co	ountry:	USA	Zipcode:		20036 –	
At	ttention:		Relations	hip:	Legal Counsel	
If Yes, co	mplete and a	with this application? attach FCC Form 159. If No, indic Noncommercial educational l		for fee exemption (see 47	C.F.R.Section 1.1114).	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Reque	est					
• Use Prior to Grant • Change S			Station Loc	eation	O Other	
6. Requested 08/15/2		ate				

a cu a la vi							
7. CitySouth Vernon	8. Latitude						
	(dd mm ss.s h) 34 13 4.73 N						
9. State TX	10. Longitude						
	(dd mm ss.s h) 99 23 46.53 W						
	(						
11. Please supply any need attachments.							
Attachment 1: STA request 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.)							
STA request concerning expansion of the possible configurations for the O3b satellite							
system.							
System.							
13. By checking Yes, the undersigned certifies that neither applicant nor							
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.							
14 Nome of Derson Signing	15. Title of Person Signing						
14. Name of Person Signing Joslyn Read	Vice President, Regulatory Affairs						
Josiyii Kead	Vice Flesident, 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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