

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Oil Comm STA – 30 days (Aug 2014)

**1. Applicant**

|                   |                           |                      |                             |
|-------------------|---------------------------|----------------------|-----------------------------|
| <b>Name:</b>      | O3b Limited               | <b>Phone Number:</b> | 202-813-4026                |
| <b>DBA Name:</b>  |                           | <b>Fax Number:</b>   |                             |
| <b>Street:</b>    | 900 17th Street, NW, #300 | <b>E-Mail:</b>       | joslyn.read@o3bnetworks.com |
| <b>City:</b>      | Washington                | <b>State:</b>        |                             |
| <b>Country:</b>   | USA                       | <b>Zipcode:</b>      | –                           |
| <b>Attention:</b> | Ms Joslyn Read            |                      |                             |

|                                                                                                                                                                                                                                                                                                                                                             |                                     |                      |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                                     |                      |                  |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                | Joseph A. Godles                    | <b>Phone Number:</b> | 202-429-4900     |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                             | Goldberg Godles Wiener & Wright LLP | <b>Fax Number:</b>   | 202-429-4912     |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                              | 1229 19th Street, NW                | <b>E-Mail:</b>       | jgodles@g2w2.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                | Washington                          | <b>State:</b>        | DC               |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                             | USA                                 | <b>Zipcode:</b>      | 20036 -2413      |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                                                                           |                                     | <b>Relationship:</b> | 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.)<br>3. Reference File Number or Submission ID                                                                                                                          |                                     |                      |                  |
| 4a. Is a fee submitted with this application?<br><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                     |                      |                  |
| 4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                                                              |                                     |                      |                  |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input checked="" type="radio"/> Other</span> </div>                                                                                              |                                     |                      |                  |
| 6. Requested Use Prior Date                                                                                                                                                                                                                                                                                                                                 |                                     |                      |                  |
| 10/24/2014                                                                                                                                                                                                                                                                                                                                                  |                                     |                      |                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 7. CityHouston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8. Latitude<br>(dd mm ss.s h) 29 45 0.14 N                        |
| 9. State TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10. Longitude<br>(dd mm ss.s h) 95 21 37.74 W                     |
| 11. Please supply any need attachments.<br>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.)<br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> 03b Limited hereby requests special temporary authority to operate an earth station to be located at the Oil Comm 2014 convention in Houston, TX for the 30-day period between October 24, 2014 and November 23, 2014. </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<br>Joslyn Read                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15. Title of Person Signing<br>Vice President, 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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