APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E100088 HI gateway STA concerning satellite operational flexibility (Oct 2014) – RENEWAL

1. Applicant

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

DBA Name: Fax Number:

Street: 900 17th Street, NW, #300 **E–Mail:** suzanne.malloy@o3bnetworks.

com

City: Washington State:

Country: USA Zipcode: -

Attention: Ms Suzanne Malloy

2. Contact			
Name:	Joseph A. Godles	Phone Number:	202-429-4900
Company:	Goldberg Godles Wiener & Wright LLP	Fax Number:	202–429–4912
Street:	1229 19th Street, NW	E-Mail:	jgodles@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:		Relationship:	Legal Counsel
application. Please ente			the file number or the IB Submission ID of the related
If Yes, complete are	ed with this application? nd attach FCC Form 159. If No, indic		tion (see 47 C.F.R.Section 1.1114).
	ity Noncommercial educational l	licensee	
Other(please expla	in):		
4b. Fee Classification	CGX – Fixed Satellite Transmit/Rece	eive Earth Station	
5. Type Request			
• Use Prior to Grant • Change		Station Location	O Other
6. Requested Use Prior 10/15/2014	Date		

7. CityHaleiwa	8. Latitude (dd mm ss.s h) 21 40 15.8 N				
9. State HI	10. Longitude (dd mm ss.s h) 158 1 56.1 W				
11. Please supply any need attachments.					
Attachment 1: STA extension 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 extension request for 180 days concerning expansion of the possible configurations for the O3b satellite system. 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No					
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 Suzanne Malloy	15. Title of Person Signing 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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