APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA 180-day extension for operation with Satmex 6 pending ESAA grant

1. Applicant			
Name:	The Boeing Company	Phone Number:	206-544-6044
DBA Nam	e:	Fax Number:	206-662-0701
Street:	PO Box 3707	E-Mail:	Ronald.E.Center@boeing.com
City:	Seattle	State:	WA
Country:	USA	Zipcode:	98124 –2207
Attention:	Ronald Center		

2. Contact					
Name:	Bruce A. Olcott	Phone Number:	202-879-3630		
Company:	Jones Day	Fax Number:			
Street:	51 Louisiana Ave N.W.	E-Mail:	bolcott@jonesday.com		
	bolcott@jonesday.com				
City:	Washington	State:			
Country:	USA	Zipcode:	20001 –		
Attention:	Bruce Olcott	Relationship:	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 ente					
3. Reference File Number SESSTA2014092200747 or Submission ID					
	d with this application?	indicate reason for fee exempti	on $(\cos 47 C EP Section 1 1114)$		
 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 					
*		ional neensee			
• Other(please explain):					
4b. Fee Classification CGB – Mobile Satellite Earth Stations					
5. Type Request					
Use Prior to Grant Change Station Location Other					
6. Requested Use Prior	Date				
11/30/2014					
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: STA NarrativeAttachment 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.)					
Request for 180-day extension of STA to operate Boeing Broadband Satcom Network with Satmex 6 pending grant of application for ESAA authority.					
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	15. Title of Person Signing				
Ronald E. Center	Manager				
 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). 					

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.