APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: GX Aviation Honeywell Antenna STA

1. Applicant

Name: ISAT US Inc. Phone Number: 202–248–5158

DBA Name: Fax Number: 202–248–5186

Street: 1101 Connecticut Avenue NW E–Mail: chris.murphy@inmarsat.com

Suite 1200

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Mr Chris Murphy

| 2. Contact | | | |
|--|--------------------------------|-----------------------------------|-----------------------------------|
| Name: | Chris Murphy | Phone Number: | 2022485150 |
| Company: | ISAT US Inc. | Fax Number: | 2022485186 |
| Street: | 1101 Connecticut Ave NW | E–Mail: | louis.rosa@inmarsat.com |
| | Suite 1200 | | |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20036 – |
| Attention: | | Relationship: | Legal Counsel |
| | | | |
| 4a. Is a fee submitte If Yes, complete an Governmental Enti Other(please explain | | indicate reason for fee exemption | on (see 47 C.F.R.Section 1.1114). |
| 4b. Fee Classification | CGV – Fixed Satellite VSAT Sys | stem | |
| 5. Type Request | | | |
| Use Prior to Grant Change Station Location Other | | | |
| 6. Requested Use Prior 05/01/2015 | Date | | |
| 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: Narrative 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.) | | | | |
| Please see attached narrative. | | | | |
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| 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 Chris Murphy | 15. Title of Person Signing Director, Government 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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