APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for AMC-3 (67 WL) – April 2015

1. Applicant							
	Name:	Row 44 Inc.	Phone Number:	818-706-3111			
	DBA Name:		Fax Number:				
	Street:	4353 Park Terrace Drive	E-Mail:	smclellan@globaleagleent.com			
	City:	Westlake Village	State:	CA			
	Country:	USA	Zipcode:	91361 –			
	Attention:	Mr Simon McLellan					

2. Contact						
Name:	David S. Keir	Phone Number:	202-429-8970			
Company:	Lerman Senter PLLC	Fax Number:	202–293–7783			
Street:	2000 K Street, NW	E-Mail:	dkeir@lermansenter.com			
	Suite 600					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20006 -1809			
Attention:		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 enter only one.) 3. Reference File Number or Submission ID IB2015000810 4a. Is a fee submitted with this application? 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 						
Other(please explain	1):					
4b. Fee Classification	CGB – Mobile Satellite Earth S	Stations				
5. Type Request Image: Station Location Image: Station Location Other						
6. Requested Use Prior I 05/01/2015	Date					
7. CityWashington		8. Latitude (dd mm ss.:	sh) 0 0 0.0 N			

9. State DC	10. Longitude (dd mm ss.s h) 0 0 0.0 W						
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.)							
Row 44, Inc. requests authority commencing May 1, 2015 to use conventional Ku-band capacity on the AMC-3 satellite at 67 degrees W.L. for a period of 60 days in advance of final action on Row 44's pending license modification application. See Attached Narrative.							
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 Michael Pigott	15. Title of Person Signing Vice President, Legal 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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