

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Request for STA – Lino Lakes

1. Applicant

Name:	ISAT US Inc.	Phone Number:	202-248-5158
DBA Name:		Fax Number:	202-248-5186
Street:	1101 Connecticut Avenue NW Suite 1200	E-Mail:	chris.murphy@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:	Mr. Chris Murphy		

2. Contact

Name:	Chris Murphy	Phone Number:	202-248-5158
Company:	ISAT US Inc.	Fax Number:	202-248-5186
Street:	1101 Connecticut Ave NW Suite 1200	E-Mail:	chris.murphy@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
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

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):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

7. City Lino Lakes

8. Latitude
(dd mm ss.s h) 45 15 37.0 N

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