APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–day STA for Permitted List Authority (E060250)

1. Applicant

Name: Shell Communications, Inc. **Phone Number:** 713–241–3932

DBA Name: Fax Number:

Street: ONE SHELL PLAZA, 910 E-Mail: MONA.LEE@SHELL.COM

LOUISIANA ST

City: Houston State: TX

Country: USA Zipcode: 77002 -

Attention: Mona Lee

| 2. Contact | | | | |
|--|--|-----------------------------------|-----------------------------------|--|
| Name: | Carlos Nalda | Phone Number: | 571-332-5626 | |
| Company: | LMI Advisors | Fax Number: | | |
| Street: | 8601 James Creek Drive | E–Mail: | cnalda@lmiadvisors.com | |
| City: | Springfield | State: | VA | |
| Country: | USA | Zipcode: | 22152 – | |
| Attention: | | Relationship: | Other | |
| | | | | |
| application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and | r only one.) ber or Submission ID d with this application? | indicate reason for fee exemption | on (see 47 C.F.R.Section 1.1114). | |
| Other(please explain | n): | | | |
| 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 01/20/2016 | Date | | | |
| 7. CityWD 143 Mensa | | 8. Latitude (dd mm ss.s h) | | |

| 9. State | 10. Longitude | | | |
|---|--|--|--|--|
| 7. State | (dd mm ss.s h) 89 33 3.0 W | | | |
| 11. Please supply any need attachments. | | | | |
| Attachment 1: STA Narrative Attachment 2: Coordin | ation Report Attachment 3: Mod App | | | |
| | | | | |
| 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.) | | | | |
| Shell seeks a 60-day special temporary authorization to operate its licensed Andrew 243 C-band terminal on the WD 143 Mensa while communicating with satellites on the Commission's Permitted Space Station List. | | | | |
| 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 Don Happel | 15. Title of Person Signing Telecommunications 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). | | | | |

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