## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Lino Lakes 3.5m Earth Station – Feb 2016

1. Applicant

Name: ISAT US Inc. Phone Number: 202–248–5150

**DBA Name:** Fax Number: 202–248–5177

Street: 1101 Connecticut Avenue NW E–Mail: louis.rosa@inmarsat.com

Suite 1200

City: Washington State: DC

Country: USA Zipcode: 20036 -

**Attention:** Mr Louis Rosa

2. Contact				
Name:	Louis Rosa	Phone Number:	2026894332	
Company	: ISAT US Inc.	Fax Number:	202–248–5177	
Street:	1101 Connecticut Ave NW	E–Mail:	louis.rosa@inmarsat.com	
	Suite 1200			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20036 –	
Attention:		Relationship:	Same	
4a. Is a fee submitt  If Yes, complete a  Governmental En  Other(please expl	mber SESSTA2015073100484 or Seed with this application?  Ind attach FCC Form 159. If No, if tity  Noncommercial education ain):	ndicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit/I	Receive Earth Station		
5. Type Request  Use Prior to Gran	nt <b>O</b> Cha	nge Station Location	Other	
6. Requested Use Prio 02/05/2016	or Date			
7. CityLino Lakes		8. Latitude (dd mm ss.s h)	0 0 0.0	

9. State MN	10. Longitude (dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.	<u>L'annual de la companya de la compa</u>			
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.)				
Lino Lakes 3.5m Antenna extension request - F	eb 2016			
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 Louis Rosa	15. Title of Person Signing Regulatory Counsel			
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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