

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Extension of STA for KA399 to expand the western arc to 109.2WL

**1. Applicant**

|                   |                                |                      |                       |
|-------------------|--------------------------------|----------------------|-----------------------|
| <b>Name:</b>      | Telesat Network Services, Inc. | <b>Phone Number:</b> | 613-748-8700          |
| <b>DBA Name:</b>  |                                | <b>Fax Number:</b>   | 613-748-8712          |
| <b>Street:</b>    | 135 Routes 202/206             | <b>E-Mail:</b>       | eneasmith@telesat.com |
| <b>City:</b>      | Bedminster                     | <b>State:</b>        | NJ                    |
| <b>Country:</b>   | USA                            | <b>Zipcode:</b>      | 07921 -1538           |
| <b>Attention:</b> | Ms Elisabeth Neasmith          |                      |                       |

**2. Contact**

|                   |                                       |                      |                  |
|-------------------|---------------------------------------|----------------------|------------------|
| <b>Name:</b>      | Joseph A. Godles Esq.                 | <b>Phone Number:</b> | 202-429-4900     |
| <b>Company:</b>   | Goldberg, Godles, Wiener & Wright LLP | <b>Fax Number:</b>   | 202-429-4912     |
| <b>Street:</b>    | 1229 Nineteenth St. N.W.              | <b>E-Mail:</b>       | jgodles@g2w2.com |
| <b>City:</b>      | Washington                            | <b>State:</b>        | DC               |
| <b>Country:</b>   | USA                                   | <b>Zipcode:</b>      | 20036 -          |
| <b>Attention:</b> |                                       | <b>Relationship:</b> | 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 SESMOD2016032400275 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. CityMt. Jackson  | 8. Latitude<br>(dd mm ss.s h) 38 43 42.0 N                                   |
| 9. State VA   | 10. Longitude<br>(dd mm ss.s h) 78 39 25.0 W                                 |
| 11. Please supply any need attachments.<br>Attachment 1: STA Request                      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.)<br><div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Telesat Network Services, Inc. ('Telesat'), pursuant to 47 CFR ss 25.120, hereby requests an extension of previously granted special temporary authority ('STA') for 60 days, to operate KA399 in the manner described herein and extend the WL of the authorized satellite arc. Telesat asks that its STA commence no later than August 1, 2016.</div> |  |
| 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. <span style="float: right;"><input checked="" type="radio"/> Yes      <input type="radio"/> No</span>                        |  |
| 14. Name of Person Signing<br>Elisabeth Neasmith  | 15. Title of Person Signing<br>Director, Spectrum Management and Development |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).   |  |

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