Approved by OMB 3060-0678

Date & Time Filed: File Number: ---Callsign/Satellite ID:

APPLICATION FOR EARTH STATION AUTHORIZATIONS

FCC 312 MAIN FORM FOR OFFICIAL USE ONLY FCC Use Only

APPLICANT INFORMATION

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

DRAFT Form to support 60-day STA

1-8. Legal Name of Applicant

UltiSat, Inc. Phone Number: Name: 240-243-5119

DBA

Fax Number: Name:

708 Quince Orchard Rd. Street: E-Mail: dbryant@ultisat.com

Suite 120

City: Gaithersburg State: MD

Zipcode: Country: **USA** 20878 -

Attention: Mr. David Bryant

9-16. Name of Contact Representative

Carlos Nalda Phone Number: 5713325626 Name:

Company: LMI Advisors Fax Number:

Street: 2550 M Street NW E-Mail: cnalda@lmiadvisors.com

Suite 345

City: Washington State: DC

Country: USA Zipcode: 20037-Attention: Mr. Carlos Nalda Relationship: Other

CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.

o b1. Application for License of New Station

b2. Application for Registration of New Domestic Receive-Only Station

(N/A) b3. Amendment to a Pending Application

(N/A) b4. Modification of License or Registration

(N/A) b5. Assignment of License or Registration

(N/A) b6. Transfer of Control of License or Registration

(N/A) b7. Notification of Minor Modification

(N/A) b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite

(N/A) b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States

b10. Other (Please specify) DRAFT FORM

b11. Application for Earth Station to Access a Non-U.S.satellite Not Currently Authorized to Provide the Proposed Service in the Proposed Frequencies in the United States.

17c. 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).

O Governmental Entity O Noncommercial educational licensee

Other(please explain): DRAFT FORM

17d.

Fee Classification

a1. Earth Station

(N/A) a2. Space Station

18. If this filing is in reference to an existing station, enter:	19. If this filing is an ame			pending application:		
(a) Call sign of station: Not Applicable	Not Applicable	on was med.	Not Applicable	senoing application.		
Tot Applicable		CEDVICE	Tot Applicable			
20 NATURE OF SERVICE, This Gliman		SERVICE	::	(-). C-14114b-41		
20. NATURE OF SERVICE: This filing is	s for an authorization to pro	ovide or use the follow	wing type(s) of service	ce(s): Select all that apply:		
a. Fixed Satellite b. Mobile Satellite c. Radiodetermination Satellite						
d. Earth Exploration Satellite						
e. Direct to Home Fixed Satellite						
f. Digital Audio Radio Service g. Other (please specify)						
		22 If41 -4-4:		41		
21. STATUS: Choose the button next to the Choose only one.	he applicable status.	Using U.S. licen	applicant, check all the	iat appiy.		
O Common Carrier Non-Common C	Carrier	Using Non-U.S.				
23. If applicant is providing INTERNATION				214 filings Choose one		
Are these facilities:			_	var i mingsi emesse ener		
Connected to a Public Switched Netw	ork Not connected to a	Public Switched Net	work N/A			
24. FREQUENCY BAND(S): Place an "Z		applicable frequency	y band(s).			
a. C-Band (4/6 GHz) b. Ku-Band						
c.Other (Please specify upper and low Frequency Lower: Frequency Upper:	er frequencies in MHz.)					
requency Eower. Frequency Opper.	TYPE OF	STATION				
25. CLASS OF STATION: Choose the bu			oose only one			
• a. Fixed Earth Station	ation next to the class of sta	don that applies. One	ose only one.			
b. Temporary-Fixed Earth Station						
o c. 12/14 GHz VSAT Network						
O d. Mobile Earth Station						
(N/A) e. Geostationary Space Station						
(N/A) f. Non-Geostationary Space Station g. Other (please specify)ESAA						
26. TYPE OF EARTH STATION FACIL	TTV Cl 1					
Transmit/Receive Transmit-Only						
Transmit Receive Transmit-Omy		MODIFICATION	·			
27. The purpose of this proposed modific						
Not Applicable	ation is to. (Flace all A in	the box(es) hext to an	i tilat appry.)			
Tot Applicable	ENVIDONME	NTAL POLICY				
				1		
28. Would a Commission grant of any prenvironmental impact as defined by 47 C 1.1308 and 1.1311 of the Commission's rapplication. A Radiation Hazard Study mmodifications, or major amendments.	FR 1.1307? If YES, submit rules, 47 C.F.R. §§ 1.1308 a	t the statement as required 1.1311, as an exhibit	uired by Sections ibit to this	O Yes ● No		
ALIEN OWNERSHIP Earth static						
29. Is the applicant a foreign government	or the representative of an	y foreign governmen	t?	O Yes ⊗ No		
30. Is the applicant an alien or the representation and the applicant and and the appl	entative of an alien?			O Yes O No O N/A		
31. Is the applicant a corporation organiz	ed under the laws of any fo	reign government?		O Yes O No O N/A		
32. Is the applicant a corporation of whic voted by aliens or their representatives or corporation organized under the laws of	r by a foreign government of			O Yes O No O N/A		
33. Is the applicant a corporation directly than one-fourth of the capital stock is ow				O Yes O No O N/A		

foreign government or representative thereof or by any corporation organized under the laws of a foreign country?

34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.

BASIC QUALIFICATIONS

Brisic Quilli Territorio
35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? Yes No If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.
36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances. ✓ Yes ✓ No
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.
41. 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.
42a. Does the applicant intend to use a non-U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station? Gibraltar, France
43. Description. (Summarize the nature of the application and the services to be provided). Draft form to support 60-day STA application.
43a. Geographic Service Rule Certification By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25.
By selecting B, the undersigned certifies that the applicant is subject to the geographic service or geographic $^{\circ}$ B coverage requirements specified in 47 C.F.R. Part 25 and will comply with such requirements.
By selecting C, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will not comply with such requirements because it is not feasible as a technical matter to do so, or that, while technically feasible, such services would require so many compromises in satellite design and operation as to make it economically unreasonable. A narrative description and technical analysis demonstrating this claim are attached.

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Choose the button next to applicable response.)

O Individual O Unincorporated A O Partnership O Corporation O Governmental En O Other (please spe	ntity	-11-							
45. Name of Person S David Bryant	Signing	46. Title of Person Signing VP							
47. Please supply any	need attachments.		,						
Attachment 1:	Attachment 2:	Attachment 3:							
(U.S. Co	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).								
ECC		TION AUTHORIZATIONS							
FCC	C Form 312 - Schedule B:(Tech	inical and Operational Desc	ription)						
	FOR OFFICE	AL USE ONLY							
Location of Earth Stat	ion Site								
E1: Site Identifier:	ESAA	E5. Call Sign:							
E2: Contact Name	NOC	E6. Phone Number: 1.240.	.243.5138						
E3. Street:	708 Quince Orchard Rd., Suite 120		ersburg						
E4 G	MD	E8. County:							
E4. State E10. Area of Operation	MD	E9. Zip Code 20878 U.S. and International airs							
E10. Area of Operation	0 ° 0 ' 0.0 "	O.S. and international ans	pace						
E12. Longitude:	0 ° 0 ' 0.0 "								
E13. Lat/Lon Coordin		o _{NAD-27} o _{NA}	D-83 ● N/A						
E14. Site Elevation (A		0.0 meters	2 50 1,111						
E15. If the proposed an do(es) the proposed an demonstrated by the momentum compliance with two-compliance with two-compliance.									
E16. If the proposed at Fixed Satellite Service the antenna gain patter qualification measuren	o Yes o No N/A								
E17. Is the facility ope control point.	erated by remote control? If YES, provide the l	ocation and telephone number of the	• Yes • No						
E18. Is frequency as	coordination required? If YES, attach	a frequency coordination report	o _{Yes} • _{No}						
E19. Is coordinated country(ies) and p	o _{Yes} • _{No}								
FAA notification 854 and or the FA aviation? FAILURE TO CO	ation - (See 47 CFR Part 17 and 47 is required, have you attached a cop AA's study regarding the potential had DMPLY WITH 47 CFR PARTS 17 OF THIS APPLICATION.	py of a completed FCC Form nazard of the structure to	O Yes ● No						

POINTS OF COMMUNICATION

Satellite Name:SKY-B1(S2922) SKY-B1 43.15 W.L. If you selected OTHER, please enter the following:											
						E22. ITU Name:					
E23. Or	bit Location	on:					E24	. Country:			
Satellite Name:INTELSAT 29e (S2913) INTELSAT 29E 50.0 W.L. If you selected OTHER, please enter the following:											
E21. Cc	mmon Na	me:					E22	. ITU Name:			
E23. Or	bit Location	on:					E24	. Country:			
Satellite Name:EUTELSAT117WA(S2873) EUTELSAT 117 WA 116.8 W.L. If you selected OTHER, please enter the following:											
E21. Common Name: E22. ITU Name:											
E23. Or	bit Location	on:					E24	. Country:			
Satellite following		S-15 (S29	51)	GIBSAT-1	29W-B I	129.15 W	L If	you selected O	THEF	R, please ente	r the
E21. Cc	mmon Na	me:					E22	. ITU Name:			
E23. Or	bit Location	on:					E24	. Country:			
	Name:EU		115W	/B(S2938)	EUTEL	SAT 115	WB I	114.9 W.L. If	you se	elected OTHI	ER, please
E21. Cc	mmon Na	me:					E22	. ITU Name:			
E23. Or	bit Location	on:					E24	. Country:			
Satellite	Name:SE	S-2 (S282	26) S	SES-2 87 V	W.L. If y	ou selecte	d OT	HER, please er	nter th	e following:	
E21. Cc	mmon Na	me:					E22	. ITU Name:			
E23. Or	bit Location	on:					E24	. Country:			
Satellite	Name:AN	MC 21 A	MC 2	1 124.9 V	V.L. If yo	ou selected	l OTI	HER, please en	ter the	e following:	
E21. Cc	mmon Na	me:					E22	. ITU Name:			
E23. Or	E23. Orbit Location: E24. Country:										
			N (Des	tination Poir	nts)						
	e Identifie							F07. G			
ļ———	mmon Na	me:						E27. Country:			
ANTENNA E28. F20 F31 E32. F41/42 A 4 G : F : 4 I/									. 1		
Site ID	Antenna Id	E29. Quantity	Mai	E30. nufacturer	E31. Model	Antenn Size	a	E41/42. Antenna GainTransmint and/or Recieve(dBi atGHz)			
ESAA I	BB45Ku	10	Sky	Tech	BB45	0.45	34	4.6 dBi at 14.25	50		
E28. Antenna Id E35. Above Ground Level (meters) E36. Above Ground Level (meters) (meters)		ilding Above nd	E38. Total	E39 He	. Maximum Antenna ight Above Rooftop (meters)	E40. Total EIRP for al carriers (dBW)					
						46.7					
FREQUENCY											
E28. Antenn Id	a Frequ Bands(ency	E45. F/R Iode	E46. Polarizati	Antenna ion(H,V,	T D) En	E47. nissio ignat	n EIRP p	er	E49. Maxin Densit Carrier(dE	y per
BB45Ku 11700 12200 R Horizontal and Vertical 30M0G7W 0.0 0.0											
E50. Modulation and Services BPSK, QPSK											
BB45Ku 14200 14470 T Horizontal and Vertical 20M0G7W 46.7 12.2											
E50. Modulation and Services BPSK, QPSK											

FREQUENCY COORDINATION

E28. Antenna Id	I Irhit Ivno	E52/53. Frequency Limits(MHz)	l l	E56. Earth Station Azimuth Angle Eastern Limit	E57. Antenna Elevation Angle Eastern Limit	E58. Earth Station Azimuth Angle Western Limit	Angle Western	E60. Maximum EIRP Density toward the Horizon(dBW/4kHz)
BB45Ku	Geostationary	11700 12200	42.0/ 126.0	0.0	5.0	360.0	5.0	0.0
	Geostationary	14200 14470	42.0/ 126.0	0.0	5.0	360.0	5.0	-3.2

REMOTE CONTROL POINT LOCATION REMOTE CONTROL POINT LOCATION

E61. Call Sign NOTE: Please enter the callsign of the controlling station, not tapplication is being filed.	Please enter the callsign of the controlling station, not the callsign for which this				
E62. Street Address 708 Quince Orchard Rd.		1			
E63. City Gaithersburg	E67. County Maryland	E64/68. State/Country MD/ USA	E66. Zip Code 20878		

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