APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: GetSat MilliEX and Ka5000 STA

1. Applicant

Name: ISAT US Inc. Phone Number: 8609832873

DBA Name: Fax Number:

Street: 1441 L Street, NW E–Mail: brennan.price@inmarsat.com

Suite 610

City: Washington State: DC

Country: USA Zipcode: 20005 -

Attention: Brennan Price

| 2. Contact | | | | |
|---|---|---|--|--|
| Name: | Brennan Price | Phone Number: | 703–223–3327 | |
| Company: | ISAT US Inc. | Fax Number: | | |
| Street: | 1441 L St NW | E–Mail: | brennan.price@inmarsat.com | |
| | Suite 610 | | | |
| City: | Washington | State: | DC | |
| Country: | USA | Zipcode: | 20005 – | |
| Attention: | | Relationship: | Legal Counsel | |
| | | | | |
| application. Please ente 3. Reference File Num 4a. Is a fee submitte If Yes, complete and Governmental Entir Other(please explain | r only one.) ber SESMOD20200605005 d with this application? d attach FCC Form 159. ty Noncommercial ed | 595 or Submission ID If No, indicate reason for fee exemption (solucational licensee | le number or the IB Submission ID of the related see 47 C.F.R.Section 1.1114). | |
| | CGB – Mobile Satellite Ea | arth Stations | | |
| 5. Type Request Use Prior to Grant Change Station Location Other | | | | |
| 6. Requested Use Prior 06/22/2020 | Date | | | |
| 7. City | | 8. Latitude (dd mm ss.s h) 0 | 0 0.0 N | |

| 9. State | 10. Longitude (dd mm ss.s h) 0 0 0.0 W | | | |
|---|--|--|--|--|
| 11. Please supply any need attachments. | | | | |
| Attachment 1: Exhibit 1 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.) | | | | |
| ISAT US Inc. seeks STA for 60 days to allow for testing and demonstration of three units each of the GetSAT MilliEX and terminal type and the Smiths Interconnect Ka5000 terminal type, as described in referenced modification File No. SES-MOD-20200605-00595. See the narrative in Exhibit 1. | | | | |
| 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 Brennan Price | 15. Title of Person Signing Director, Regulatory Affairs | | | |
| 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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