

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Request for 30-day extension of STA to test HiSky 0.25m Ku-band antennas

**1. Applicant**

|                   |                                              |                      |                             |
|-------------------|----------------------------------------------|----------------------|-----------------------------|
| <b>Name:</b>      | Intelsat License LLC                         | <b>Phone Number:</b> | 703-559-7799                |
| <b>DBA Name:</b>  |                                              | <b>Fax Number:</b>   | 703-559-8539                |
| <b>Street:</b>    | c/o Intelsat US LLC<br>7900 Tysons One Place | <b>E-Mail:</b>       | ray.rutngamlug@intelsat.com |
| <b>City:</b>      | McLean                                       | <b>State:</b>        | VA                          |
| <b>Country:</b>   | USA                                          | <b>Zipcode:</b>      | 22102 -5972                 |
| <b>Attention:</b> | W. Ray Rutngamlug                            |                      |                             |

|                                                                                                                                                                                                                                                                                                                                                             |                       |                                                |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------|----------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                       |                                                |                            |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                | Cynthia J. Grady      | <b>Phone Number:</b>                           | 703-559-6949               |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                             | Intelsat US LLC       | <b>Fax Number:</b>                             | 703-559-8539               |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                              | 7900 Tysons One Place | <b>E-Mail:</b>                                 | cynthia.grady@intelsat.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                | McLean                | <b>State:</b>                                  | VA                         |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                             | USA                   | <b>Zipcode:</b>                                | 22102 -5972                |
| <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 or Submission ID                                                                                                                                                                                                                                                                                                                   |                       |                                                |                            |
| 4a. Is a fee submitted with this application?<br><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                       |                                                |                            |
| 4b. Fee Classification                                                                                                                                                                                                                                                                                                                                      |                       |                                                |                            |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input checked="" type="radio"/> Other</span> </div>                                                                                              |                       |                                                |                            |
| 6. Requested Use Prior Date                                                                                                                                                                                                                                                                                                                                 |                       |                                                |                            |
| 7. City                                                                                                                                                                                                                                                                                                                                                     |                       | 8. Latitude<br>(dd mm ss.s h)    0    0    0.0 |                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 9. State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10. Longitude<br>(dd mm ss.s h) 0 0 0.0                                   |
| 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: 10px; margin: 10px 0;"> Intelsat herein requests an additional 30 days of Special Temporary Authority to temporarily operate 50 0.25m Ku-band antennas within the U.S. and its territories, U.S. territorial waters, and international waters. </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>W. Ray Rutngamlug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 15. Title of Person Signing<br>Associate General Counsel, Intelsat US LLC |
| 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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