

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Amend Pending STA Request by substituting Revised NTIA Transmittal form

**1. Applicant**

<b>Name:</b>	Space Imaging LLC	<b>Phone Number:</b>	303-254-2151
<b>DBA Name:</b>		<b>Fax Number:</b>	303-254-2214
<b>Street:</b>	12076 Grant Street	<b>E-Mail:</b>	ssmith@spaceimaging.com
<b>City:</b>	Thornton	<b>State:</b>	CO
<b>Country:</b>	USA	<b>Zipcode:</b>	80241 -3102
<b>Attention:</b>	Mr Scott Smith		

**2. Contact**

<b>Name:</b>	Raymond G. Bender, Jr.	<b>Phone Number:</b>	202-776-2758
<b>Company:</b>	Dow, Lohnes & Albertson. pllc	<b>Fax Number:</b>	202-776-2222
<b>Street:</b>	1200 New Hampshire Ave, N.W.	<b>E-Mail:</b>	RBender@dlalaw.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -6802
<b>Contact Title:</b>	Attorney	<b>Relationship:</b>	Legal Counsel

3. Reference File Number SESMOD2000102002053

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  
06/22/2004

7. CityFairbanks

8. Latitude  
(dd mm ss.s h) 64 47 40.0 N

9. State AK	10. Longitude (dd mm ss.s h) 147 32 13.0 W
11. Please supply any need attachments. Attachment 1: STA Exhibit                      Attachment 2: Revised NTIA                      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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">This STA revises an STA application filed on June 7, 2004 to correct technical information provided on the NTIA Transmittal form. A Revised NTIA Transmittal is furnished herewith.</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Scott Smith	15. Title of Person Signing Executive Vice President, Satellite Access Systems
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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