

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Extension of LEOP STA E960244 Chandler 10/18

**1. Applicant**

<b>Name:</b>	Iridium Constellation LLC	<b>Phone Number:</b>	703-287-7518
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1750 Tysons Boulevard	<b>E-Mail:</b>	maureen.mclaughlin@iridium.com
	Suite 1400		
<b>City:</b>	McLean	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	22102 -
<b>Attention:</b>	Ms Maureen C McLaughlin		

**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>	1025 Connecticut Ave, NW Ste 1000	<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 SESSTA2018011900048 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



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