

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Lino Lakes 3.5m Earth Station

**1. Applicant**

|                   |                                          |                      |                         |
|-------------------|------------------------------------------|----------------------|-------------------------|
| <b>Name:</b>      | ISAT US Inc.                             | <b>Phone Number:</b> | 202-248-5150            |
| <b>DBA Name:</b>  |                                          | <b>Fax Number:</b>   | 202-248-5177            |
| <b>Street:</b>    | 1101 Connecticut Avenue NW<br>Suite 1200 | <b>E-Mail:</b>       | louis.rosa@inmarsat.com |
| <b>City:</b>      | Washington                               | <b>State:</b>        | DC                      |
| <b>Country:</b>   | USA                                      | <b>Zipcode:</b>      | 20036 -                 |
| <b>Attention:</b> | Mr Louis Rosa                            |                      |                         |

|                                                                                                                                                                                                                                                                                                                                                            |                                       |                                                |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------|-------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                          |                                       |                                                |                         |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                               | Louis Rosa                            | <b>Phone Number:</b>                           | 2022485150              |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                            | ISAT US Inc.                          | <b>Fax Number:</b>                             | 202-248-5177            |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                             | 1101 Connecticut Ave NW<br>Suite 1200 | <b>E-Mail:</b>                                 | louis.rosa@inmarsat.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                               | Washington                            | <b>State:</b>                                  | DC                      |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                            | USA                                   | <b>Zipcode:</b>                                | 20036    –              |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                                                                          |                                       | <b>Relationship:</b>                           | Same                    |
| (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 SESSTA2015111600845 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    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                                                             |                                       |                                                |                         |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input checked="" type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input type="radio"/> Other</span> </div>                                                                                             |                                       |                                                |                         |
| 6. Requested Use Prior Date<br>12/17/2015                                                                                                                                                                                                                                                                                                                  |                                       |                                                |                         |
| 7. City Lino Lakes                                                                                                                                                                                                                                                                                                                                         |                                       | 8. Latitude<br>(dd mm ss.s h)    0    0    0.0 |                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 9. State MN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10. Longitude<br>(dd mm ss.s h) 0 0 0.0           |
| 11. Please supply any need attachments.<br>Attachment 1: Narrative 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>Lino Lakes 3.5m antenna                                                                                                                                                                                                                                                                                                                                      |                                                   |
| 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<br>Louis Rosa                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15. Title of Person Signing<br>Regulatory Counsel |
| 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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