

PUBLIC UTILITY COMMISSION OF OREGON  
201 HIGH STREET SE SUITE 100  
PO BOX 1088  
SALEM, OREGON 97308-1088  
(971) 375-5103

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO PROVIDE TELECOMMUNICATIONS SERVICE IN OREGON**

**INSTRUCTIONS:** Complete every applicable section of this application. Attach additional documents and/or sheets to complete responses (if needed). You will be notified when the Commission receives your application, and again when it has been processed. After accepting this application, the Commission will publish notice per ORS 759.020(2).

**CLASSIFICATION FOR WHICH APPLICATION IS MADE (check one):**

- Competitive Telecommunications Provider (local, long-distance, shared telecommunications service)
- Telecommunications Utility

**1. EXACT LEGAL NAME OF APPLICANT:**

Barr Tell USA, Inc.

Applicant's Assumed Business Name(s), if any (e.g., dba, aka) (*must be registered with the Corporation Division*):

Barr Tell USA, Inc.

Applicant's Type of Legal Entity (e.g., corporation, limited partnership):

Corporation

Business Address:

219 East Park Ave., Suite 522, Long Beach, NY 11561-3521

Phone: 212 226-4420

Email: legal@barrtell.com

**2. NAME AND ADDRESS OF PERSON TO CONTACT FOR MORE INFORMATION REGARDING THIS APPLICATION:**

219 East Park Ave., Suite 522, Long Beach, NY 11561-3521

Phone: 516 708-0111

Email: hb@barrtell.com

**3. NAME AND ADDRESS OF PERSON TO CONTACT FOR REGULATORY INFORMATION  
(Commission will send requests for information to this person):**

Harold Barr, 218 E. Park Ave., Suite 522, Long Beach, NY 11561

Phone: 516 708-0111

Email: hb@barrtell.com

**4. AFFILIATED INTERESTS:**

Are you now or have you ever been affiliated with any provider of telecommunications service that serves Oregon? If so, who? When? Describe affiliation. Affiliated interest is defined in OAR 860-032-0001.

I used to be an employee of the CLEC - Integrated Path Communications, LLC a couple years ago

**5. PREVIOUS CERTIFICATES OF AUTHORITY:**

List each certificate of authority previously granted by the Oregon PUC to Applicant and to each affiliated entity, under a legal name, an assumed business name, or any other name. Include all certificates whether or not canceled. For each certificate provide the name of entity, docket number, and order number.

Name of Entity	Docket Number	Order Number
None		

**AUTHORITY REQUESTED**

**6. APPLICANT REQUESTS AUTHORITY TO PROVIDE THE FOLLOWING SERVICES:**

- a. Shared telecommunications service (STS). STS includes resale of long-distance service to the STS provider's user group, but not to customers outside the user group. If yes, applicant must complete items 10 and 11.  Yes  No
- b. Local exchange (intraexchange) switched service (i.e., local dial tone). If yes, applicant must complete item 10.  Yes  No
- c. Local exchange (intraexchange) nonswitched, private line service (i.e., dedicated transmission service).  Yes  No
- d. Interexchange, switched service (i.e., long-distance toll). If yes, applicant must complete item 10.  Yes  No
- e. Interexchange, nonswitched, private line service (i.e., dedicated transmission service).  Yes  No

**7. HOW SERVICES WILL INITIALLY BE PROVIDED:**

*The following is required for public notice and information purposes and does not request authority.*

- a. Will Applicant resell finished services of other Oregon certified carriers? (Resell means resale of finished services, not unbundled network elements.)  Yes  No
- b. Will applicant construct lines, loops, wires, fiber, or other transport facilities?  Yes  No
- c. Will Applicant have its own switching equipment?  Yes  No
- d. Will Applicant purchase (lease) unbundled network elements from other Oregon certified carriers?  Yes  No
- e. Will Applicant purchase or lease network components which are not unbundled network elements?  Yes  No

**8. AREAS FOR WHICH APPLICANT SEEKS AUTHORITY:**

**a. Intraexchange Authority:**

Alternative 1: List every local exchange in which Applicant seeks to provide local exchange (intraexchange) service.

Alternative 2: List every incumbent local exchange carrier in whose exchanges Applicant seeks authority to provide local exchange (intraexchange) service.

Alternative 3: If Applicant seeks authority to provide local exchange (intraexchange) service within every telephone exchange in Oregon, then specify "Statewide."

Statewide

**b. Interexchange Authority:**

Alternative 1: List every local exchange in which Applicant seeks to provide interexchange service.

Alternative 2: List every incumbent local exchange carrier in whose exchanges Applicant seeks authority to provide interexchange service.

Alternative 3: If Applicant seeks authority to provide interexchange service in every telephone exchange in Oregon, then specify "Statewide."

Statewide

**9. DESCRIBE SPECIAL CHARACTERISTICS, LIMITATIONS, OR RESTRICTIONS THAT WILL BE PART OF APPLICANT'S SERVICES:**

No Operator Services

**10. OPERATOR SERVICES:**

- a. Operator service includes, but is not limited to, billing or completion of third-party billing calls, person-to-person calls, collect calls, and credit card calls. See OAR 860-032-0001.  
Will Applicant directly offer operator services?  Yes  No
- b. ORS 759.690(1)(d) defines "operator service provider" as a person who furnishes operator service under contract with a call aggregator. ORS 759.690(1)(a) defines a call aggregator as a person who furnishes a telephone for use by the public, i.e., transient use.  
Will Applicant be an "operator service provider" as defined in ORS 759.690(1)(d)?  Yes  No

**11. SHARED TELECOMMUNICATIONS SERVICE:**

Shared Telecommunications Service (STS) service is defined in OAR 860-032-0001. STS includes resale of long-distance service to the STS provider's user group, but not to customers outside the user group.

- a. Provide the address of the building where shared service will be provided through privately owned customer premises equipment. If Applicant intends to serve a user group located in two or more buildings, include an electronic copy of a map clearly showing the locations to be served by the Applicant. The information on the map must be precise and legible and include street names and the city where the building(s) is(are) located.

N/A

- b. An STS site or location consists of one building, or a complex of buildings or a campus on contiguous property. An STS provider may interconnect separate sites in order to aggregate toll traffic. An STS provider may not interconnect separate sites in order to provide local exchange service between those sites.

If serving buildings at separate sites, will applicant interconnect the buildings in order to aggregate toll traffic?  Yes  No

- c. Describe the user group or association at the STS location.

N/A

NOTE: Applicant must apply to PUC for additional authority in order to add subsequent STS sites.


**CONDITIONS OF A CERTIFICATE OF AUTHORITY**

As a condition of a certificate of authority, applicant must comply with all applicable Commission rules and state law, as well as conditions listed in the certificate. For your convenience, following is a summary of some conditions from OAR 860 Divisions 32 and 33. Additional conditions may be specified in the certificate.

Certificate holder must:

- Provide only the telecommunications service authorized in the certificate.
- Respond in a timely manner to Commission inquiries.
- Notify the Commission of changes to the certificate holder's name, address, email, or telephone number.
- Maintain its books and records according to the applicable rules of the Commission, and keep its books and records open to inspection by the Commission to the extent necessary to verify information required of the certificate holder.
- Meet service standards set forth in applicable Commission rules, including OAR 860-032-0012.
- Submit required reports in a timely manner, and timely pay all Commission taxes, fees, assessments, access charges, and subsidies pursuant to Oregon law or Commission rules, orders, tariffs, or price lists.
- Pay an annual fee to the Commission pursuant to the Commission's rules. This fee will be based on the certificate holder's annual gross retail intrastate revenues and will be no less than \$100 per calendar year. Certificate holder must collect the fee by charging an equitable amount to each retail customer and describe the amount of the apportioned charge on each retail customer's bill, pursuant to the Commission's rules.
- Pay a quarterly amount to the Oregon Universal Service Fund based on a Commission-approved surcharge percentage assessed on all retail telecommunications services sold in Oregon pursuant to ORS 759.425(4).
- Ensure that the Residential Service Protection Fund surcharge is remitted monthly to the Commission. This surcharge is assessed against each paying retail subscriber at a rate that is set annually by the Commission.

**Applicant understands that all services provided by Applicant must comply with all applicable Commission rules and state law, and with conditions of the certificate (check box at left).**

Electronic Signature of Person Authorized to Represent Applicant 	Title    President
Typewritten Name Harold Barr	Date    April 5, 2024

# ARTICLES OF INCORPORATION



Corporation Division  
[sos.oregon.gov/business](http://sos.oregon.gov/business)

**E-FILED**  
Apr 05, 2024  
**OREGON SECRETARY OF STATE**

## REGISTRY NUMBER

225024595

## TYPE

DOMESTIC BUSINESS CORPORATION

## 1. ENTITY NAME

BARR TELL USA, INC.

## 2. MAILING ADDRESS

218 EAST PARK AVE  
SUITE 522  
LONG BEACH NY 11561 USA

## 3. PRINCIPAL PLACE OF BUSINESS

452 BROADWAY  
BROOKLYN NY 11211 USA

## 4. NAME & ADDRESS OF REGISTERED AGENT

75788399 - REGISTERED AGENTS INC  
  
2355 STATE ST  
SUITE 101  
SALEM OR 97301 USA

## 5. INCORPORATORS

HAROLD BARR  
  
218 EAST PARK AVE  
SUITE 522  
LONG BEACH NY 11561 USA

## 6. INDIVIDUALS WITH DIRECT KNOWLEDGE

HAROLD BARR  
  
218 EAST PARK AVE SUITE 522  
SUITE 522  
LONG BEACH NY 11561 USA

## 7. INITIAL PRESIDENT

HAROLD BARR  
  
218 EAST PARK AVE  
SUITE 522  
LONG BEACH NY 11561 USA



**8. INITIAL SECRETARY**

HAROLD BARR  
218 EAST PARK AVE  
SUITE 522  
LONG BEACH NY 11561 USA

**9. NUMBER OF SHARES**

200

**6. OPTIONAL PROVISIONS**

The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 60.387 to 60.414.

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

HAROLD BARR

**TITLE**

PRESIDENT

**DATE**

04-05-2024