# APPLICATION FOR TRANSFER OF CERTIFICATE OF AUTHORITY TO PROVIDE COMPETITIVE TELECOMMUNICATIONS SERVICES 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. Upon acceptance of this application, the Commission will publish notice pursuant to ORS 759.020(2). After submitting this application electronically, mail one copy with original signature and all attachments.

Desired Effective Date: 8/15/2014

To guarantee processing by the effective date, the Commission must receive an application at least 60 days prior to the desired effective date unless Commission Staff and Applicant have agreed to an earlier effective date. The Commission allows filing and notice prior to effective date of transaction. The Commission will issue an order on the desired effective date unless Applicant files a notice of extension or withdraws the application.

# **SECTION I -- Transferee/Surviving Entity Information** 1. Exact Legal Name of Surviving Entity or Transferee: Comnet II LP Applicant's Assumed Business Name(s) (if any) (e.g., dba, aka) Must be registered with the Corporation Division. Comnet II LP Applicant's Type of Legal Entity (e.g., corporation, limited partnership) limited partnership **Business Address** 6405 Mira Mesa Blvd, Suite 100 San Diego CA 92121 Phone 858-527-6473 Fax 858-527-6464 Email karen.graham@ledcor.com 2. Name and Address of Person to be Contacted for Further Information Regarding This Application: Karen Graham 6405 Mira Mesa Blvd Ste 100 San Diego CA 92121 Phone 858-527-6473 Fax 858-527-6464 Email karen.graham@ledcor.com 3. Name and Address of Person to be Contacted for Regulatory Information (Commission will send requests for information to this person). Karen Graham 6405 Mira Mesa Blvd, Ste 200 San Diego CA 92121 Phone 858-527-6473 Fax 858-527-6464 Email karen.graham@ledcor.com 4. Affiliated Interests: As of the date of the transfer, will you be, or are you now, or have you ever been affiliated with any provider of

As of the date of the transfer, will you be, or 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.

Comnet II LP will own 48% of Comspan Communications Inc after the reorganization

### 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 include: name of entity, docket number, and order number.

	Name of Entity	Docket Number	Order Number
a.	Comspan Communications Inc	CP788	03-565
b.			
c.			
d.			
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#### SECTION II -- Transferring Entity (Transferor) Information

By completing this information the Transferor acknowledges that it will no longer have authority and cannot provide the telecommunications services that are transferred.

1. Exact Legal Name of Transferring or Merging Entity (Transferor):

#### Comspan Communications I, LP

Applicant's Assumed Business Name(s) (if any) (e.g., dba, aka) Must be registered with the Corporation Division. Comspan Communications I, Limited Partnership

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

Business Address 6405 Mira Mesa Blvd., Ste 100 San Diego CA 92121

Phone 858-527-6473

Fax 858-527-6464 Er

Email karen.graham@ledcor.com

2. Name and Address of Person to be Contacted for Further Information Regarding the Application:

640	en Graham 5 Mira Mesa Blvd., S Diego CA 92121	te 100	
Phone	858-527-6473	Fax 858-527-6464	Email karen.graham@ledcor.com
Name a	and Address of Person	n to be Contacted for Regulatory	Information (Commission will send requests for
		Please provide the email address	· · ·
informa Kare 640		Please provide the email address	· · ·

#### 4. Certificates of Authority to be Transferred:

a. List each certifiate of authority previously granted by the Oregon PUC to Transferor, under its 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
1)	Comspan Communications I, LP	CP 1354	07-082
2)			
3)			
4)			
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- b. Do you request that ALL authority to provide telecommunications service be transferred?
- c. If response to 4.b. is No, describe what authority is to be transferred and what authority is to be retained by the Transferor.

Note: The transferring entity (Transferor) will no longer be authorized to provide the telecommunications services that are transferred.

#### SECTION III -- Nature of Transaction between Transferee and Transferor (describe in detail)

Transferor is assinging all of its assets to Transferee in a reorganization. Transferor will be dissolved.

Please use additional sheets if necessary to fully answer any item.

### SECTION IV -- Conditions of a Certificate of Authority

As a condition of a certificate of authority, certificate holder 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 860-032-0001 et seq. (Division 32). Additional conditions will be specified in the certificate.

- a. Certificate holder shall provide only telecommunications services authorized by the certificate.
- b. Certificate holder's books and records shall be open to inspection by the Commission to the extent necessary to verify information required by the Commission's rules.
- c, Certificate holder shall pay all access charges and subsidies imposed pursuant to the Commission's rules.
- d. Certificate holder shall 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. The certificate holder shall 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.
- e. The surviving entity (Transferee) is responsible for the annual PUC fee and all other fees incurred by the transferring entity (Transferor) as of the date the Commission approves the transfer.
- f. Certificate holder shall respond in a timely manner to Commission inquiries.

Pursuant to Residential Service Protection statutes, Chapter 290, Oregon Laws 1987, and Division 033, certificate holder shall be responsible to ensure that the Residential Service Protection Fund surcharge is remitted to the Commission. This surcharge is assessed against each paying retail subscriber at a rate that is set annually by the Commission.

🖌 Yes 🗌 No

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).

Signature of Person Authorized to Represent Transferee/Surviving Entity Typewritten Name Karen Graham	Title Assist Corp Sec of Gen Partner Date 7/2/14
Person Authorized to Represent Transferring Entity (Transferor)	Title Assist Corp Sec of Gen Partner
Typewritten Signature Karen Graham	Date <b>7/2/14</b>
By signing this document I certify that I am a legal representative of	this entity and that by transferring the

By signing this document I certify that I am a legal representative of this entity and that by transferring the authority to provide telecommunications to the above noted surviving entity, the transferring entity no longer has authority to provide telecommunications services that are transferred.

# APPLICATION FOR TRANSFER OF CERTIFICATE OF AUTHORITY TO PROVIDE COMPETITIVE TELECOMMUNICATIONS SERVICES 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. Upon acceptance of this application, the Commission will publish notice pursuant to ORS 759.020(2). After submitting this application electronically, mail one copy with original signature and all attachments.

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S	CTION	I Transferee/Surv	viving Entity	Information			
1.		cact Legal Name of Surviving Entity or Transferee: Comnet II LP					
Applicant's Assumed Business Name(s) (if any) (e.g., dba, aka) Must be registered with the Corporation Division.							
		nt's Type of Legal Er ed Partnership	ntity (e.g., cor	poration, limited p	artnership)		
		ss Address 5 Mira Mesa Blvd., Suit	e 100, San Die	go, CA 92121			
	Phone	858-527-6400	Fax	858-527-6464	Email	karen.graham@ledcor.com	
2.	Name a	and Address of Perso	n to be Conta	acted for Further I	nformation Rega	rding This Application:	
		Graham, Assistant Corp ira Mesa Blvd., Suite 10		•			
	Phone	858-527-6473	Fax	858-527-6464	Email	karen.graham@ledcor.com	
3.	Name and Address of Person to be Contacted for Regulatory Information (Commission will send requests for information to this person).						
	Karen	Graham, Assistant Cor	porate Secreta	ry			
	6405 N	/lira Mesa Blvd., Suite 1	00, San Diego	, CA 92121			
	Phone	858-527-6473	Fax	858-527-6464	Email	karen.graham@ledcor.com	
4.		ed Interests:				hoop affiliated with any provider of	

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Comspan Communications Inc. - Comnet II LP will own 48% of Comspan Communications Inc. after the reorganization

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1. Exact Legal Name of Transferring or Merging Entity (Transferor):

Comspan Communications I, LP

Applicant's Assumed Business Name(s) (if any) (e.g., dba, aka)

Must be registered with the Corporation Division.

Comspan Communications I, Limited Partnership (as listed with Oregon Secretary of State - Registry # 454860-99)

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

limited partnership

**Business Address** 

6405 Mira Mesa Blvd., Suite 100, San Diego, CA 92121

Phone	858-527-6400	Fax	858-527-6464	Email	karen.graham@ledcor.com
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2. Name and Address of Person to be Contacted for Further Information Regarding the Application:

Karen Graham, Assistant Corporate Secretary 6405 Mira Mesa Blvd., Suite 100, San Diego, CA 92121

Phone 858-527-6473 Fax 858-527-6464 Email karen.graham@ledcor.com

**3.** Name and Address of Person to be Contacted for Regulatory Information (Commission will send requests for information to this person). Please provide the email address:

Karen Graham, Assistant Corporate Secretary 6405 Mira Mesa Blvd., Suite 100, San Diego, CA 92121

Phone	858-527-6473	Fax	858-527-6464	Email	karen.graham@ledcor.com
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- a. Certificate holder shall provide only telecommunications services authorized by the certificate.
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- e. The surviving entity (Transferee) is responsible for the annual PUC fee and all other fees incurred by the transferring entity (Transferor) as of the date the Commission approves the transfer.
- f. Certificate holder shall respond in a timely manner to Commission inquiries.

Pursuant to Residential Service Protection statutes, Chapter 290, Oregon Laws 1987, and Division 033, certificate holder shall be responsible to ensure that the Residential Service Protection Fund surcharge is remitted 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).

Signature of Person Authorized to Represent Transferee/Surviving Entity	LTS ComNet LLC, General Partner of Comnet II LP By: Karen Graham, its Assistant Corporate Secretary Date 7/2/14
Person Authorized to Represent Transferring Entity (Transferor)	Title LTS ComNet LLC, General Partner of Comspan Communications I, LP By: Karen Graham, its Assistant Corporate Secretary Date 7/2/14

By signing this document I certify that I am a legal representative of this entity and that by transferring the authority to provide telecommunications to the above noted surviving entity, the transferring entity no longer has authority to provide telecommunications services that are transferred.

Page 4 of 4