PUBLIC UTILITY COMMISSION OF OREGON 3930 FAIRVIEW INDUSTRIAL DR SE PO BOX 1088 SALEM, OREGON 97308-1088 (503) 378-8959

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).

| it I | has been processed. After accepting this application, the Com | | | , , , , | , 0 | | | | | |
|--|---|-----------|--------|-------------------|--------------|--|--|--|--|--|
| CI | LASSIFICATION FOR WHICH APPLICATION IS MADE (d Competitive Telecommunications Provider (local, long-d Telecommunications Utility | | • | elecommunication | s service) | | | | | |
| 1. | EXACT LEGAL NAME OF APPLICANT: Encartele, Inc | | | | | | | | | |
| | Applicant's Assumed Business Name(s), if any (e.g., dba, aka) (must be registered with the Corporation Division): N/A | | | | | | | | | |
| | Applicant's Type of Legal Entity (e.g., corporation, limited particles Corporation Business Address: 8910 South 109th Street, La Vista, Nebraska 68128 | nership): | | | | | | | | |
| | Phone: 888-231-3391 | Email: | sales@ | encartele.net | | | | | | |
| 2. | NAME AND ADDRESS OF PERSON TO CONTACT FOR Medical Dana Hoyle, Regulatory Consultant Phone: 817-724-2125 | ORE INF | | ION REGARDING | | | | | | |
| 3. | NAME AND ADDRESS OF PERSON TO CONTACT FOR RI (Commission will send requests for information to this per Don Peeler, Compliance Counsel | | | <u> </u> | | | | | | |
| | Phone: 402-509-8764 | Email: | don.pe | eler@encartele.ne | et | | | | | |
| 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. | | | | | | | | | | |
| | No | | | | | | | | | |
| 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 None | | | Docket Number | Order Number | | | | | |
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| | | AUTHORITY REQUESTED | | | | | |
|---|---|---|---------------------|--|--|--|--|
| 6. | AP | PLICANT REQUESTS AUTHORITY TO PROVIDE THE FOLLOWING SERVICES: | | | | | |
| | | 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 | | | | |
| | | Local exchange (intraexchange) switched service (i.e., local dial tone). If yes, applicant must complete item 10. | ■ Yes □ No | | | | |
| | | Local exchange (intraexchange) nonswitched, private line service (i.e., dedicated transmission service). | ☐ Yes ■ No | | | | |
| | | 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. | | OW SERVICES WILL INITIALLY BE PROVIDED: e following is required for public notice and information purposes and does not request authority. | | | | | |
| | | 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 I No | | | | |
| | C. | Will Applicant have its own switching equipment? | ■ Yes □ No | | | | |
| | | Will Applicant purchase (lease) unbundled network elements from other Oregon certified carriers? | ☐ Yes ■ No | | | | |
| | | Will Applicant purchase or lease network components which are not unbundled network elements? | Yes No | | | | |
| 8. | AR | EAS FOR WHICH APPLICANT SEEKS AUTHORITY: | | | | | |
| | | 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 a local exchange (intraexchange) service. | uthority to provide | | | | |
| Alternative 3: If Applicant seeks authority to provide local exchange (intraexchange) service within every te exchange in Oregon, then specify "Statewide." | | | | | | | |
| | | Statewide | | | | | |
| | h | 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 pro- | | | | | | | |
| | interexchange service. Alternative 3: If Applicant seeks authority to provide interexchange service in every telephone exchange in | | | | | | |
| | Oregon, then specify "Statewide." | | | | | | |
| | | Statewide | | | | | |
| 9. | | SCRIBE SPECIAL CHARACTERISTICS, LIMITATIONS, OR RESTRICTIONS THAT WILL PLICANT'S SERVICES: | BE PART OF | | | | |
| | | Encartele provides inmate communication services that are subject to limitations and restrictions as impose | d by the Facility. | | | | |
| 4.0 | | DED ATOD SERVICES. | | | | | |
| 10 | | PERATOR SERVICES: Operator service includes but is not limited to billing or completion of third-party billing calls per | con-to-person | | | | |
| | | 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. | | | | | |
| | L- | Will Applicant directly offer operator services? | ■ Yes ☐ No | | | | |
| | D. | 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

| | remises equipment. If Applicant intends to serve a user group located in two or more buildings, include an ectronic copy of a map clearly showing the locations to be served by the Applicant. The information on the map ust be precise and legible and include street names and the city where the building(s) is(are) located. | | | | | |
|----|---|--|--|--|--|--|
| | | | | | | |
| 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? | | | | | |
| C. | Describe the user group or association at the STS location. | | | | | |
| | | | | | | |
| NO | TE: Applicant must apply to PUC for another certificate of 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 | Compliance Counsel |
|--|-------|--------------------|
| /s/ Don Peeler | | |
| Typewritten Name Don Peeler | | 11/3/15 |

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