

**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. 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.

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:

AmeriVon LLC

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

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

Limited Liability Company

Business Address

**800 Southwood Boulevard
Suite 212
Incline Village NV 89451**

Phone **425-458-5760**

Fax **775-832-5355**

Email **RBSegal@AmeriVon.com**

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

**Jonathan S. Marashlian, Regulatory Counsel
8180 Greensboro Drive
Suite 700
McLean VA 22102**

Phone **703-714-1313**

Fax **703-714-1330**

Email **jsm@thlglaw.com**

3. Name and Address of Person to be Contacted for Regulatory Information. (Commission will send requests for information to this person):

**Robert B. Segal
27 Skymeadow Road
Suffern NY 10901**

Phone **845-406-3416**

Fax **845-362-1801**

Email **RBSegal@AmeriVon.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.

N/A

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.			
b.			
c.			
d.			

AUTHORITY REQUESTED

6. Does applicant request 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 I: List every local exchange in which Applicant seeks to provide local exchange (intraexchange) service.

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

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

N/A

b. Interexchange Authority:

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

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

Alternative III: 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:

N/A

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.

b. An STS site or location consists of one building, or it consists of 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.

NOTE: 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 860-032-0001 et seq. (Division 32). Additional conditions may be specified in the certificate.

- a. Certificate holder shall provide only telecommunications services authorized by the certificate.
- b. Certificate holder shall, at a minimum, meet the standard level of service specified in OAR 860-032-0012. The standard level of service is 99 percent probability that a call will not be blocked during the certificate holder's busy hour of the day.
- c. 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.
- d. Certificate holder shall maintain its books and records according to generally accepted accounting principles and the applicable rules of the Commission.
- e. Certificate holder shall pay all access charges and subsidies imposed pursuant to the Commission's rules.
- f. 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.
- g. The certificate holder shall 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).
- h. Certificate holder shall respond in a timely manner to Commission inquiries.

Pursuant to Residential Service Protection statutes, Chapter 290, Oregon Laws 1987, and Division 22, 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).

<i>Signature of Person Authorized to Represent Applicant</i>	Title Regulatory Counsel
_____ Typewritten Name Jonathan S. Marashlian	Date 10/31/05



Phone: (503) 986-2200
 Fax: (503) 378-4381

Application for Authority to Transact—Foreign Limited Liability Company

Secretary of State
 Corporation Division
 255 Capitol St. NE, Suite 151
 Salem, OR 97310-1327
 FilingInOregon.com

FILED

OCT 24 2005

**OREGON
 SECRETARY OF STATE**

REGISTRY NUMBER: 38013-96

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME AmeriVon LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name on the Certificate of Existence. See #3.

2) STATE OR COUNTRY OF ORGANIZATION

Nevada

Date of Organization: June 4, 2003

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS

800 Southwood Boulevard

Suite 212

Incline Village, Nevada 89451

3) CERTIFICATE OF EXISTENCE

An original certificate of existence, current within 60 days of delivery to this Division, authenticated by the official having custody of the organization, is attached.

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES

800 Southwood Boulevard

Suite 212

Incline Village, Nevada 89451

4) DURATION (Please check one.)

Latest date upon which the Limited Liability Company is to dissolve is _____

Duration shall be perpetual.

10) IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.

This limited liability company is managed by a single manager.

This limited liability company is managed by multiple manager(s).

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

6) NAME OF OREGON REGISTERED AGENT

National Registered Agents, Inc.

7) ADDRESS OF OREGON REGISTERED AGENT (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

3533 Fairview Industrial Drive SE

Salem, Oregon 97302-1155

11) EXECUTION (At least one member or manager must sign.)

Signature: RB Segal

Printed Name: Robert B. Segal

Title: Manager/President/CEO

12) CONTACT NAME (To resolve questions with this filing.)

Jonathan S. Marashlian, Regulatory Counsel

DAYTIME PHONE NUMBER (Include area code.)

(703) 714-1309

FEES

Required Processing Fee \$50 Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.