PUBLIC UTILITY COMMISSION OF OREGON 550 CAPITOL STREET NE, STE. 215 PO BOX 2148 SALEM, OREGON 97308-2148 (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. 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.

75	9.02	20(2). After su	bmitting this ap	oplication		nail one copy		ginal signature an		ts.
				cations I			shared to	elecommunicatior	ns service).	
1.	. Exact Legal Name of Applicant: BETTERWORLD TELECOM LLC									
		olicant's Assum st be registere			if any) (e.g., dba, Division.	aka)				
	App	olicant's Type o	of Legal Entity	(e.g., co	rporation, limited	partnership)	LIMIT	ED LIABILITY CO	YNAGMC	
	Bus	siness Address	; 11951 FREE	DOM DR	IVE, 13TH FLOOR	R, RESTON, V	/A 2019	0		
	Pho	one 703-797-	-1750	Fax 8	866-888-1035	Email	GCOST	A@BETTERWORLDT	ELECOM.COM	
2.		me and Addres			tacted for Further		-	ng This Applicatio	n:	
	Pho	one 703-797-	-1750 X909	Fax	866-888-1035	Email	GCOSTA	@BETTERWORLDTEI	LECOM.COM	
3.	info	me and Addresormation to this		be Con	tacted for Regula	tory Informati	on. (Co	mmission will sen	d requests for	
	Pho	one		Fax		Email				
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. 									
	We	were affilia	ated with Be	tter Wo	orld Telecom, 1	Inc but was	closed	and we reorga	nized as an L	LC.
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 o				Docket Number	Order Number	
	a. [Better Wor	ld Telecom,	Inc.				CP1146	03-230	
	b.									
	c. d.									-
	- 1							1	1	

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	
		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.		ow Services Will Initially Be Provided e 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.)		
	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.	Ar	eas for which Applicant seeks authority:		
	a.	Intraexchange Authority:		
		Alternative I: List every local exchange in which Applicant seeks to provide local exchange (intra-	exchange)	
		Alternative II: List every incumbent local exchange carrier in whose exchanges Applicant seeks a provide local exchange (intraexchange) service.	authority to	
		Alternative III: If Applicant seeks authority to provide local exchange (intraexchange) service with telephone exchange in Oregon, then specify "Statewide."	in every	
		STATEWIDE		
	h	Interexchange Authority:		
	υ.	Alternative I: List every local exchange in which Applicant seeks to provide interexchange service	e.	
		Alternative II: List every incumbent local exchange carrier in whose exchanges Applicant seeks a provide interexchange service.		
		Alternative III: If Applicant seeks authority to provide interexchange service in every telephone ex Oregon, then specify "Statewide."	change in	
		STATEWIDE STATEWIDE		
9.	De	escribe special characteristics, limitations, or restrictions that will be part of Applicant's ser	vices:	
10		Operator Services:		
	a	 Operator service includes, but is not limited to, billing or completion of third-party billing calls, pe 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	Sharod	Talacama	nunications	Sarvica:

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 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.	3
	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.	
	N/A	

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 Dividion 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).

Signature of Person Authorized to Represent Applicant	Title REGULATORY MANAGER
Typewritten Name GLORIA COSTA	Date 5-22-07

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75	9.020(2). After submitting this a	applicat	ion electronically, r	nail one copy	with original signature and all attachme	ents.
CI	∠ C	tion for which applica ompetitive Telecommur elecommunications Utili	nication			shared telecommunications service).	
1.		egal Name of Applicant					
	Applicant's Assumed Busines 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							
	1199 13T	ss Address 51 FREEDOM DRIVE H FLOOR STON VA 20190					
	Phone	703-797-1750	Fax	866-888-1035	Email	gcosta@betterworldtelecom.com	
2.	GL0 119 13TI RES	DRIA COSTA 51 FREEDOM DRIVE H FLOOR STON VA 20190	o be Co			Regarding This Application:	
	Phone	703-797-1750 X909	Fax	866-888-1035	Email	gcosta@betterworldtelecom.com	
3.		and Address of Person tation to this person):	o be Co	ontacted for Regula	atory Informat	ion. (Commission will send requests fo	or
	1199 13T	ORIA COSTA 51 FREEDOM DRIVE H FLOOR STON VA 20190					
	Phone	703-797-1750 x909	Fax	866-888-1035	Email	gcosta@betterworldtelecom.com	
_	A ((:): - (ad Intonactor					

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.

Better World Telecom, Inc., closed business and we are now registerd as BetterWorld Telecom LLC

5.		revious Certificates of Authority:			
		st each certificate of authority previously granted by the Oregon PUC to Applic			
		legal name, an assumed business name, or any other name. Include all certifi ach certificate include: name of entity, docket number, and order number.	cates whether or	not canceled. For	
		Name of Entity	Order Number		
	a.	Better World Telecom, Inc.	CP 1146	03-230	
	b.				
	C.				
	d.][
Г		AUTHORITY REQUESTED			
_	_				
6.		pes applicant request authority to provide the following services?			
	a.	Shared telecommunications service (STS). STS includes resale of long-distate the STS provider's user group, but not to customers outside the user group. applicant must complete items 10 and 11.		☐ Yes ☑ No	
	b.	Local exchange (intraexchange) switched service (i.e., local dial tone). If yes must complete item 10.	✓ Yes ☐ No		
	c:	Local exchange (intraexchange) nonswitched, private line service (i.e., dedicatransmission service).	ated	☐ Yes 🗹 No	
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	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 Oreg carriers?	on certified	☐ Yes 🗸 No	
	carriers?e. Will Applicant purchase or lease network components which are not unbundled network elements?				

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)

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."

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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 spe	cial characte	ristics, limitation	s, or restriction	s that will be	part of	Applicant	's services:
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N/A

10.	Op	perator 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.	Sh	hared Telecommunications Service:					
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		If serving buildings at separate sites, will applicant interconnect the buildings in order to aggregate toll traffic?	☐ Yes ☐ No				
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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 Applicant	Title Regulatory Manager
Typewritten Name Gloria Costa	Date 6/6/07