

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.

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: iBasis Retail, Inc.

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

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

20 Second Avenue

Business Address Burlington, MA 01803

Phone 781-505-7500 Fax 781-505-7300 Email www.ibasis.net

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

Kemal Hawa of Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Phone 202-434-7300 Fax 202-434-7400 Email khawa@mintz.com

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

Ellen Schmidt, Senior Counsel, iBasis Retail, Inc.

Phone 781-505-7956 Fax 781-505-7304 Email eschmidt@ibasis.net

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

	Name of Entity	Docket Number	Order Number
a.	N/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:

Applicant is providing prepaid calling card services only.

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 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 N/A

- 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:

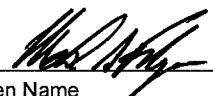
As a condition of a certificate of authority, applicant must comply with all applicable Commission rules and state law, as well as conditions listed in the certificate.

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 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).

Signature of Person Authorized to Represent Applicant 	Title Secretary
Typewritten Name Mark Flynn	Date July 22, 2008



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

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

Application for Authority to Transact Business—Business/Professional

Check the appropriate box below:

- FOREIGN BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12)
- FOREIGN PROFESSIONAL CORPORATION
(Complete all items)

FILED

JUN 23 2008

**OREGON
SECRETARY OF STATE**
For office use only

REGISTRY NUMBER: 529144-97
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.

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

1) **NAME OF CORPORATION** iBasis Retail, Inc.
NOTE: Must be identical to the name on the Certificate of Existence. See #2.

2) **CERTIFICATE OF EXISTENCE** (This application must be accompanied by a certificate of existence, current within 60 days of delivery to this Division, authenticated by the official having custody of the corporate records in the jurisdiction of incorporation.)

8) **ADDRESS FOR MAILING NOTICES**
20 Second Avenue
Burlington, MA 01803

CERTIFICATE ATTACHED

3) **DATE OF INCORPORATION** 06/29/2007 **DURATION, IF NOT PERPETUAL** _____

9) **NAME AND ADDRESS OF PRESIDENT AND SECRETARY**

President: Ofer Gneezy

4) **STATE OR COUNTRY OF ORGANIZATION**
Delaware

Address: 20 Second Avenue
Burlington, MA 01803

5) **ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS**
(Address, city, state, zip)
20 Second Avenue, Burlington, MA 01803

Secretary: Mark S. Flynn

Address: 20 Second Avenue
Burlington, MA 01803

6) **NAME OF OREGON REGISTERED AGENT**
CT CORPORATION SYSTEM

PROFESSIONAL CORPORATION ONLY

7) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS** (Must be an Oregon Street Address which is identical to the registered agent's business office.)
388 State Street, Suite 420
Salem, OR 97301

10) **PROFESSIONAL/BUSINESS SERVICES** (List professional service(s) and other business services, if applicable, to be rendered.)

11) **EXECUTION**

Signature	Printed Name <u>Mark S. Flynn</u>	Title <u>Secretary</u>
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12) **CONTACT NAME** (To resolve questions with this filing.) _____

DAYTIME PHONE NUMBER (Include area code.) _____

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.	



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
Fax:(503)378-4381
www.filinginoregon.com

Registry Number: 529144-97
Type: FOREIGN BUSINESS CORPORATION

Next Renewal Date: 06/23/2009

IBASIS RETAIL, INC.
20 SECOND AVE
BURLINGTON MA 01803

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

Document

APPLICATION FOR AUTHORITY

Filed On

06/23/2008

Jurisdiction

DELAWARE

Name

IBASIS RETAIL, INC.

Principal Place of Business

20 SECOND AVE
BURLINGTON MA 01803

Registered Agent

C T CORPORATION SYSTEM
388 STATE ST STE 420
SALEM OR 97301

Mailing Address

20 SECOND AVE
BURLINGTON MA 01803

President

OFER GNEEZY
20 SECOND AVE
BURLINGTON MA 01803

Secretary

MARK S FLYNN
20 SECOND AVE
BURLINGTON MA 01803



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
Fax:(503)378-4381
www.filinginoregon.com

Registry Number: 535856-92
Type: ASSUMED BUSINESS NAME

Next Renewal Date: 07/23/2010

IBASIS RETAIL, INC.
ATTN: MARK S FLYNN
20 SECOND AVE
BURLINGTON MA 01803

*NOTE: Assumed Business Names are required
to renew every two years.*

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

Document

APPLICATION FOR REGISTRATION

Filed On

07/23/2008

Name

IBASIS

Principal Place of Business

20 SECOND AVE
BURLINGTON MA 01803

Authorized Representative

IBASIS RETAIL, INC.
ATTN: MARK S FLYNN
20 SECOND AVE
BURLINGTON MA 01803

Registrant

IBASIS RETAIL, INC.

ALL COUNTIES



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

Assumed Business Name—New Registration

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

FILED

JUL 23 2008

REGISTRY NUMBER:

535856-92

For office use only

OREGON
 SECRETARY OF STATE

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. 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) ASSUMED BUSINESS NAME (To be registered)

iBasis

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2) DESCRIPTION OF BUSINESS (Primary business activity)

Provide retail calling services using VoiP.

4) WHO IS AUTHORIZED TO REPRESENT THE OWNERS (AUTHORIZED REPRESENTATIVE) (One name only)

iBasis Retail, Inc.

3) PRINCIPAL PLACE OF BUSINESS (Address, city, state, zip)

20 Second Avenue

Burlington, MA 01803

5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE

Attn: Mark S. Flynn

20 Second Avenue

Burlington, MA 01803

6) NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

NAME	STREET ADDRESS	CITY/STATE/ZIP
iBasis Retail, Inc.	20 Second Avenue	Burlington, MA 01803

7) COUNTIES

- | | | | | | |
|--|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Crook | <input type="checkbox"/> Harney | <input type="checkbox"/> Lake | <input type="checkbox"/> Morrow | <input type="checkbox"/> Union |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Curry | <input type="checkbox"/> Hood River | <input type="checkbox"/> Lane | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Willamette |
| <input checked="" type="checkbox"/> ALL COUNTIES
(Statewide) | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Douglas | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Linn | <input type="checkbox"/> Sherman | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Josephine | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Grant | <input type="checkbox"/> Klamath | <input type="checkbox"/> Marion | <input type="checkbox"/> Umatilla | <input type="checkbox"/> Yamhill |

8) EXECUTION/SIGNATURE(S) (All owners/registrants must sign.)

By my signature, I declare as an authorized authority, that 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.

Signature

Mark S. Flynn

Printed Name

Mark S. Flynn, Secretary

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

Stefonie Zalewski

DAYTIME PHONE NUMBER (Include area code.)

202-585-3550 / 202-434-7300

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.

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:

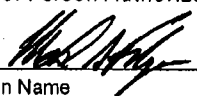
As a condition of a certificate of authority, applicant must comply with all applicable Commission rules and state law, as well as conditions listed in the certificate.

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.
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- 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).

Signature of Person Authorized to Represent Applicant	Title
 Typewritten Name	Date

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iBasis

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corporation

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Phone **781-505-7500**

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Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, PC
701 Pennsylvania Ave. NW, Suite 900
Washington DC 20004**

Phone **202-434-7300**

Fax **202-434-7400**

Email **khawa@mintz.com**

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20 Second Avenue
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Phone **781-505-7956**

Fax **781-505-7304**

Email **eschmidt@ibasis.net**

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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 Secretary
_____ Typewritten Name Mark Flynn	Date 07/22/2008