## DATA NETWORK IDENTIFICATION CODE FILING FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

## Enter a description of this application to identify it on the main menu:

IB DATA NETWORK CODES ASSIGNMENT 001 cage code 6gef3 DLA

1. Applicant

Name: MARCUS TYRONE TRAVENIA Phone Number: 360–388–6475

**DBA Name:** Fax Number: NONE

Street: 1265 LISA LN SE APT 101 E–Mail: bwngkvvn@outlook.com

City: LACEY State: WA

Country: USA Zipcode: 98503 -

**Attention:** Mr MARCUS T TRAVENIA

2. Conta	ct							
	Name:	MARCUS TYRONE TRAVENIA	Phone Number:		360–38	360-388-6475		
	Company:	MARCUS TYRONE TRAVENIA	Fax Number:		NONE	NONE		
	Street:	1265 LISA LN SE APT 101	E–Mail	:	bwngkv	vn@outlook.com		
	City:	LACEY	State:		WA			
	Country:	USA	Zipcode:		98503	_		
	Attention:		Relationship:		Same			
3. Type	3. Type Request			4. Reassign				
New		Reassign		Reason:		Never Request video Codes	ted data voice and	
Neter Diego gehauit our wooded ettecharente for the given accused			uoet	From Company:		MTC MATRIXES		
Note: Please submit any needed attachments for the given request type:			uesi	To Company:		MARCUS TYRONE TRAVENIA		
		Attachment 1:						
	Attachment 2:			From Code: IDM		To Code:	LTE	
		Attachment 3:		From couc.	L	10 Couc.	LIL	
5. Netw	vork Name	BACKBONE WIDEBAND KE	YBOARD	VOICE AND VIDEO N	NETWORK			

6. International Service Computing And Communications Infrastructure (NSC) Voice Tellia Carrier 1.0								
7. Action Requested (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)  Please assign My Company MARCUS TYRONE TRAVENIA DATA NETWORK CODES FOR MY 3 DYNAMICAL S.E.  S SERVICES SINGLE AND INTEGRATE. This would be the first time ATOMIC, I am also ATOMIC.								
8. Code assignments held in excess of 18 months without implementation must be returned to this Administrator for reassignment. Unless this office is specifically notified of the actual implementation of assignments, it will be assumed that those implementations did not occur and such assignments will be available for reassignment. I have read and understand these conditions.								
9. I am aware that all DNIC assignments are provisional and that nobody has a property right in a DNIC. I am aware that the Commision may take an assigned DNIC and reassign it to another person.	Yes	O No						
10. I certify that all necessary local, state, and federal authorizations needed have been obtained.	• Yes	O No						

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