

Categories of Services for 214 Applications  
(Streamline/Non-streamline)

- ASSIGNMENT OF LICENSE
- GLOBAL FACILITIES-BASED SERVICE
- GLOBAL FACILITIES-BASED/GLOBAL RESALE SERVICE
- GLOBAL RESALE SERVICE
- INDIVIDUAL FACILITIES-BASED SERVICE
- INTERCONNECTED PRIVATE LINE RESALE SERVICE
- LIMITED GLOBAL FACILITIES-BASED SERVICE/LIMITED GLOBAL RESALE SERVICE
- LIMITED GLOBAL FACILITIES-BASED SERVICE
- LIMITED GLOBAL RESALE SERVICE
- INMARSAT AND MOBILE SATELLITE SERVICE
- SWITCHED RESALE SERVICE
- TRANSFER OF CONTROL
- SUBMARINE CABLE LANDING LICENSE
- INTERNATIONAL SPECIAL PROJECT

Description of Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554

In re: Application of  
PERSONAL TOUCH

For Authorization under Section  
214 of the Communications Act  
of 1934, as Amended, to Resell  
the Provision of International  
Switched, Private Line, Data,  
Television and Business  
Services To All International  
Points

File No. \_\_\_\_\_

*ITC-214 19980914-20637*

To: Chief, Telecommunications Division, International Bureau

APPLICATION FOR SECTION 214 AUTHORITY

Cumby Cellular Communications, Inc. dba Personal Touch  
(Personal Touch) hereby seeks authorization to provide  
international switched, private line, data, television and business  
services to all international points through the resale of existing  
facilities of authorized U.S. common carriers, and to resell  
private lines for the purpose of providing international basic  
switched services to countries found to offer equivalent resale  
opportunities.

In support of its request, Personal Touch submits the  
following information required by Section 63.18 of the Commission's  
Rules:

(a) Name and address of applicant:  
Personal Touch  
P.O. Box 649  
Cumbly, TX 75433  
(903) 994-2551

(b) State law under which applicant is organized:  
Texas

(c) Correspondence concerning the application should be addressed to:

Mr. Don Fallis  
President  
Personal Touch  
P.O. Box 649  
Cumbly, TX 75433  
(903) 994-2551

with a copy to:

Stephen G. Kraskin, Esq.  
Kraskin, Lesse & Cosson  
2120 L Street, N.W., Suite 520  
Washington, DC 20037  
Telephone: (202) 296-8890

(d) Statement of previously received authority:  
Applicant has not previously received authority under Section 214 of the Act.

(e) Request for authority to resell services of authorized U.S. common carrier:

Applicant seeks authorization to operate as a resale carrier pursuant to the terms and conditions of Section 63.18 (e)(2) to resell the international services of authorized U.S. common carriers for the provision of international basic switched, private line, data, television and business services to all international points, and to resell private lines for the purposes of providing international basic switched services to countries found to offer equivalent resale opportunities.

(f) Application for any or all authority:

Not applicable

(g) Applicant's existing facilities:

Not applicable

In accordance with the Commission's rules, Personal Touch certifies that:

(h) (1) applicant is not affiliated nor has had an affiliation with a foreign carrier or with the U.S. carrier whose facilities based service(s) applicant proposes to resell;

(h) (2) applicant is a wholly owned subsidiary of Cumby Telephone Cooperative, Inc., which was formed under the laws of the State of Texas. Cumby Telephone Cooperative, Inc. is a member-owned cooperative corporation. No cooperative member owns as much as 1% of the cooperative stock. Personal Touch is located at the following mailing address: P.O. Box 649/ Cumby, TX 75433. Cumby Telephone Cooperative, Inc. is located at the following address: P. O. Box 619/ Cumby, Texas 75433.

The common officers among the applicant and its affiliates are as follows:

|                   |                                |                           |
|-------------------|--------------------------------|---------------------------|
| <u>Officer:</u>   | Position with                  | Position with             |
| <u>Don Fallis</u> | <u>Applicant:</u><br>President | <u>Affiliates:</u><br>N/A |

|                  |                |   |
|------------------|----------------|---|
| Fred Moseley Jr. | Vice President | Vice President: Cumby Telephone Cooperative, Inc. |
|------------------|----------------|---|

|               |                         |   |
|---------------|-------------------------|---|
| Angela Morgan | Secretary/<br>Treasurer | Secretary/Treasurer:<br>Cumby Telephone Cooperative, Inc. |
|---------------|-------------------------|---|

The directors for the applicant are as follows:

Luke Smith  
Jack Holley  
Don Morgan  
James Keadle

The directors for the applicant's affiliate are as follows:

Edward Clark  
Tim Campbell  
Bobby Yarborough  
Robert Moody

There are no common directors among the applicant and its affiliate.

All officers and directors serving are citizens of the United States of America. All officers and directors can be contacted at: P.O. Box 649 / Cumby, Texas 5433 / 903-994-2551

(i) Applicant certifies that it has not agreed, and will not in the future agree, to accept any special concessions from any foreign carrier or administration with respect to traffic or revenue flows between the U.S. and any of the foreign countries that Personal Touch requests authority to serve in this application; and

(j) Applicant certifies to the best of its knowledge, information and belief no party to this application is subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act, 21 U.S.C. § 853(a).

For the foregoing reasons, Personal Touch requests that the Commission grant the authority requested in this application.

Respectfully submitted,

Date: 9-11-1998

By: Don Fallis  
Mr. Don Fallis

President  
Personal Touch  
P.O. Box 649  
Cumby, Texas 75433

CERTIFICATE OF SERVICE

I, Colleen von Hollen, of Kraskin, Lesse & Cosson, LLP, 2120 L Street, NW, Suite 520, Washington, DC 20037, do hereby certify that on this 14th day of September, 1998, a copy of the foregoing International Section 214 application for Cumby Cellular Communications, Inc. d/b/a Personal Touch was mailed, first class postage prepaid, to the following:

  
\_\_\_\_\_  
Colleen von Hollen

The Honorable George W. Bush  
Governor, State of Texas  
P.O. Box 12428  
Austin, TX 78711

Department of Defense  
Assistant Secretary of Defense for C3I  
1000 Defense Pentagon, Room 3E172  
Washington, DC 20301-1000

Department of State  
EB/CIP/SCA  
Room 4826  
2201 C Street, N.W.  
Washington, DC 20520

Ms. Fran Eisenstein \*  
Federal Communications Commission  
International Bureau  
Telecommunications Division  
2000 M Street, NW, Room 843  
Washington, DC 20554

\* Via Hand Delivery

0836

CUMBY CELLULAR COMMUNICATIONS, INC.

P.O. BOX 619 200 FRISCO  
CUMBY, TEXAS 75433  
(903) 994-2211

SULPHUR SPRINGS STATE BANK  
P.O. BOX 500  
SULPHUR SPRINGS, TEXAS 75482

88-197/1119

CHECK

PAY TO THE ORDER OF

Seven hundred Eighty Dollars *no*

DATE

9-11-98

AMOUNT

780.<sup>00</sup>

FAO

COUNTERSIGNED BY

AUTHORIZED SIGNATURE

⑈000836⑈ ⑆111901975⑆

1047570⑈

CUMBY CELLULAR COMMUNICATIONS, INC.

CHECK

0836



READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

APPROVED BY OMB 3060-0589

PAGE NO. 1 OF 1

SPECIAL USE  
FCC USE ONLY

(1) LOCKBOX # 358115

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) SECTION A - PAYER INFORMATION (3) TOTAL AMOUNT PAID (dollars and cents)  
Cumby Cellular Communications, Inc. d/b/a Personal Touch \$ 780.00

(4) STREET ADDRESS LINE NO. 1  
P.O. Box 619

(5) STREET ADDRESS LINE NO. 2  
200 Frisco

(6) CITY  
Cumby

(7) STATE  
TX

(8) ZIP CODE  
75433

(9) DAYTIME TELEPHONE NUMBER (include area code)  
(903) 994-2211

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY (15) STATE (16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code) (18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID (20A) PAYMENT TYPE CODE (PTC) (21A) QUANTITY (22A) FEE DUE FOR (PTC) IN BLOCK 20A (24A) FCC CODE 2  
C U T 1 \$ 780.00 FCC USE ONLY

(19B) FCC CALL SIGN/OTHER ID (20B) PAYMENT TYPE CODE (PTC) (21B) QUANTITY (22B) FEE DUE FOR (PTC) IN BLOCK 20B (24B) FCC CODE 2  
\$ FCC USE ONLY

(19C) FCC CALL SIGN/OTHER ID (20C) PAYMENT TYPE CODE (PTC) (21C) QUANTITY (22C) FEE DUE FOR (PTC) IN BLOCK 20C (24C) FCC CODE 2  
\$ FCC USE ONLY

(19D) FCC CALL SIGN/OTHER ID (20D) PAYMENT TYPE CODE (PTC) (21D) QUANTITY (22D) FEE DUE FOR (PTC) IN BLOCK 20D (24D) FCC CODE 2  
\$ FCC USE ONLY

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25) PAYER TIN 0 7 5 2 3 6 4 0 8 3 (26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2)  
APPLICANT TIN 0

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT I, \_\_\_\_\_ (PRINT NAME), Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE \_\_\_\_\_

(28) SECTION F - CREDIT CARD PAYMENT INFORMATION

(23) MASTERCARD/VISA ACCOUNT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
MASTERCARD MONTH YEAR  
VISA AUTHORIZED SIGNATURE DATE

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.

SEE PUBLIC BURDEN ESTIMATE ON REVERSE