



Grant of this application will serve the public interest, convenience and necessity and in support thereof, the following information is submitted pursuant to Section 63.18 of the

Commissioner's Rules:

a) Name, address, and telephone number of Applicant are:

Wahkiakum West Long Distance, Inc.  
19 Miller Point Road  
Rosburg, Washington 98621  
Telephone: (360) 465-2211  
Facsimile: (360) 465-9558

b) Applicant is organized as a Corporation under the laws of:

Washington

c) Correspondence concerning the application should be addressed to:

Steven M. Appelo, President  
Wahkiakum West Long Distance, Inc.  
19 Miller Point Road  
Rosburg, Washington 98621  
Telephone: (360) 465-2211  
Facsimile: (360) 465-9558.

with copies to legal counsel:

Gerard J. Duffy  
Blooston, Mordkofsky, Jackson and Dickens  
2120 L Street, N.W., Suite 300  
Washington, D.C. 20037  
Telephone: (202) 659-0830  
Facsimile: (202) 828-5568

d) Wahkiakum has not previously received authority under Section 214 of the Communications Act, 47 U.S.C. 214. With the grant of this application, Wahkiakum will have international switched resale authority under Section 214 of the Communications Act.

e) Wahkiakum is requesting authority under Section 214 of the Communications Act, 47 U.S.C. § 214, to operate as a resale carrier pursuant to the terms and conditions of Section 63.18(e)(2) of the Commission's Rules, 47 C.F.R. § 63.18(e)(2).

## CERTIFICATIONS

### Affiliations

Wahkiakum certifies that it is not a foreign carrier, and that it does not have an affiliation with any foreign carrier.

Wahkiakum certifies that it does not have an affiliation with any of the U.S. carriers whose facilities-based international services it proposes to resell.

The names, addresses, citizenship and principal businesses of the only entity with a ten percent (10%) or greater interest in Wahkiakum are:

<u>Name/Address</u>	<u>Owned</u>	<u>Citizen</u>	<u>Principal Business</u>
Wahkiakum West, Inc. 19 Miller Point Road Rosburg, WA 98621	100.0%	WA. Corp.	Telecommunications

In turn, the names, addresses, citizenship and principal businesses of the entities with a ten percent (10%) or greater interest in Wahkiakum West, Inc. are:

<u>Name/Address</u>	<u>Owned</u>	<u>Citizen</u>	<u>Principal Business</u>
Steven & Suzanne Appelo Winlock, WA 98596	15.0%	U.S.	Telecommunications
Revocable Living Trust of Carlton E. Appelo & Berenice Marion Appelo Grays River, WA 98621	17.0%	WA Trust	Family investments
Ben Wirkkala Naselle, WA 98638	10.0%	U.S.	Telecommunications

Wahkiakum is affiliated with Western Wahkiakum County Telephone Company

(WWCTC), which is also owned 100% by Wahkiakum West, Inc.

Wahkiakum: (1) will maintain separate books of account from WWCTC, its affiliated local exchange carrier; (2) will not jointly own transmission or switching facilities with WWCTC; and

(3) will take any tariffed services from WWCTC pursuant to the terms and conditions of WWCTC's generally applicable tariffs.

Wahkiakum will be treated as a non-regulated affiliate of WWCTC for purposes of local exchange carrier accounting under the Commission's joint cost and affiliate transaction rules as set forth in Parts 32 and 64 of the Commission's Rules.

**Foreign Concessions and Arrangements**

Wahkiakum hereby certifies that it has not agreed to accept special concessions, directly or indirectly, from any foreign carrier or foreign administration with respect to traffic and revenue flows between the United States and any foreign country which the Applicant may serve under the authority sought; and that it will not enter into such agreements in the future.

**Anti-Drug Abuse Act Certification**

Wahkiakum certifies that, to the best of its knowledge and belief, no party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862.

**CONCLUSION**

In light of the foregoing, Wahkiakum respectfully submits that the public interest, convenience and necessity would be served by a grant of the Section 214 authorization sought, and that such authorization should be issued to it for purposes of reselling the switched services of other common carriers to provide international switched telecommunications services between the United States and international points.

Respectfully submitted,  
WAHAKIAKUM WEST LONG DISTANCE, INC.

By: 

Printed Name: Steven M. Appels

Title: President

Date: 11/19/00

Counsel:  
Gerard J. Duffy  
Blooston, Mordkotsky, Jackson and Dickens  
2120 L Street, N.W., Suite 300  
Washington, D.C. 20037  
Phone: (202) 659-0830  
Fax: (202) 828-5568

**CERTIFICATE OF SERVICE**

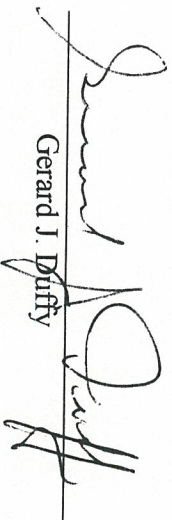
I, Gerard J. Duffy, hereby certify that I am an attorney with the law firm of Blooston, Mordkofsky, Jackson & Dickens and that a copy of the foregoing “**Application for Streamlined Section 214 Authority**” was served this 28th day of November, 2000, by first class mail as indicated, to the persons listed below.

The Honorable Gary Locke  
Office of the Governor  
State Capitol, Legislative Bldg.  
Olympia, WA 98504-0002

The Honorable Madeline Albright  
Secretary of State  
United States Department of State  
2201 C Street, N.W.  
Washington, D.C. 20520

The Honorable William S. Cohen  
Secretary of Defense  
1000 Defense Pentagon  
The Pentagon  
Washington, D.C. 20301

International Transcription Service  
445 12<sup>th</sup> Street, S.W., CY-B400  
Washington, D.C. 20054

  
Gerard J. Duffy



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Wakatahanni West Long Distance

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Bugan (Mordkofsky)

Crestar Bank  
Washington, DC

**CRESTAR**

\*\*\*\*\*Eight hundred fifteen and XX/100\*\*\*\*\*

Federal Communications Commission

Pay to the  
order of

Date Nov. 28, 2000

\$ \*815.00\*\*\*\*\*

**BLOOSTON, MORDKOFKY, JACKSON & DICKENS**  
2120 L STREET, N.W., NO. 300  
WASHINGTON, DC 20037

15-52/540

17621



READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

Approved by OMB  
3060-0589

Page No 1 of 1

(1) LOCKBOX #  
358115

SECTION A - PAYER INFORMATION

SPECIAL USE  
FCC USE ONLY

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)  
**Blooston, Mordkofsky, Jackson & Dickens**

(3) TOTAL AMOUNT PAID (U.S. Dollars and  
**\$815.00**

(4) STREET ADDRESS LINE NO. 1  
**2120 L Street, N.W.**

(5) STREET ADDRESS LINE NO. 2

(6) CITY  
**Washington**

(7) STATE  
**DC**

(8) ZIP CODE  
**20037**

(9) DAYTIME TELEPHONE NUMBER (include area code)  
**(202) 659-0830**

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

(11) PAYER (FRN)

(12) PAYER (TIN)  
**52-1136273**

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

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

(13) APPLICANT NAME  
**Wahkiakum West Long Distance, Inc.**

(14) STREET ADDRESS LINE NO. 1  
**19 Miller Point Road**

(15) STREET ADDRESS LINE NO. 2

(16) CITY  
**Rosburg**

(17) STATE  
**WA**

(18) ZIP CODE  
**98621**

(19) DAYTIME TELEPHONE NUMBER (include area code)  
**(360) 465-2211**

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

(21) APPLICANT (FRN) **FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED**  
**91-2085968**

(22) APPLICANT (TIN)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID

(24A) PAYMENT TYPE CODE  
**CUT**

(25A) QUANTITY  
**1**

(26A) FEE DUE FOR (PTC)  
**\$815.00**

(27A) TOTAL FEE  
**\$815.00**

(29A) FCC CODE 2

FCC USE ONLY

(23B) CALL SIGN/OTHER ID

(24B) PAYMENT TYPE CODE

(25B) QUANTITY

(26B) FEE DUE FOR (PTC)

(27B) TOTAL FEE

FCC USE ONLY

(28B) FCC CODE 1

(29B) FCC CODE 2

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT

I, \_\_\_\_\_, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

MASTERCARD

MASTERCARD/VISA ACCOUNT NUMBER:  
| | | | | | | | | | | | | | | | | |

EXPIRATION  
| | | | |

VISA

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