## INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Logical S.A. de C.V.

1. Applicant				
1	Name:	Logical S.A. de C.V.	Phone Number:	011528189890040
	OBA Name:		Fax Number:	011528189890041
S	Street:	Zaragoza 1300 PH1	E-Mail:	
		Monterrey, Nuevo Leon, 64000		
	City:		State:	
	Country:	Mexico	Zipcode:	-
A	Attention:	Raul Cardenas		

Name:	R. Edward Price	Phone Number:	(202) 639–6621
Company:	Vinson & Elkins L.L.P.	Fax Number:	(202) 639–6604
Street:	1455 Pennsylvania Avenue, N.W.	E-Mail:	tprice@velaw.com
	Suite 600		
City:	Washington	State:	DC
<b>Country:</b>	USA	Zipcode:	20004 – 1008
Contact Title:		Relationship:	Legal Counsel

Place of Incorporation of Applicant Mexico
 Other Company(ies) and Place(s) of Incorporation

5. Service Type(s) (check all that apply)				
Global or Limited Global Facilities—Based Authority (Section 63.18(e)(1))				
Global or Limited Global Resale Authority (Section 63.18(e)(2))				
Individual Facilities—Based Service (Section 63.18(e)(3))				
Individual Switched Resale Service (Section 63.18(e)(3))				
Individual Facilities—Based and Resale Service (Section 63.18(e)(3))				
Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))				
Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))				
Overseas Cable Construction (Section 63.18(e)(3))				
Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))				
Other (Section 63.18(e)(3))				
6a. Is a fee submitted with this application?				
Governmental Entity Noncommercial educational licensee				
Other(please explain):				
6b. Fee Classification CUT – Section 214 Authority				
7. Destination Country(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or "Countries X, Y, and Z only".) All International Points				

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	sted, e.g., Application for Authority to Provide International Facilities–Based and Reso	old Services to
All International Points Except Country X		
(If the complete description does not ap	ppear in this box, please go to the end of the form to view it in its entirety.)	
Application for	r Authority to Provide International Facilities-Based	
1	vices to All Authorized International Points.	
and Resolution	vices to hir hathorized international rollies.	
9. Does the applicant request streamlined	I processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Yes	O No
Attachment 1 a statement of how the appl	lication qualifies for streamlined processing.	~
	vitched services over private lines pursuant to Section 63.16, provide the required show	ving in
Attachment 1.		
L		
Applicant certifies that its responses to	aquastions 11 through 17 are true:	
Applicant certifies that its responses to	questions 11 unough 17 are true.	
11. If the applicant is a foreign carrier, or	is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign	
	rmation and certifications required by Section 63.18(i) through (m).	
earrei, provide in 7 ktaerment 1 the infor	mation and contineations required by Section 03.10(1) amough (m).	
12 Does the applicant scale outhority to p	anavida carrias to any dectination described in negotrophy (1) through (4)	- N
	provide service to any destination described in paragraphs (1) through (4) Yes	No
of Section 63.18(j)? If yes, list those desi	tinations in Attachment 1 as a response to question 12.	

13. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13.	<b>●</b> N	10
14. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applicant's ten percent or greater direct and indirect shareholders or other equity holders, and identify any interlocking directorates.		
15. In Attachment 1, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.		
16. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	O 1	No
17. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future.	O 1	Vo

## **CERTIFICATION**

18. Typed Name of Person Signing Raul Cardenas		19. Title of Person Signing Executive Officer			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).					
20. 1: Attachment 1	2: Attachment 2		3:	]	

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