INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: International Section 214 Application

1. Applicant

Name: Southern Telecommunications CO Phone Number: 601–981–8888

DBA Fax Number: 601–981–8729

Name:

Street: PO Box 12865 E-Mail: davidpgoodwin@sotelco.com

City: Jackson State: MS

Country: USA Zipcode: 39236 -

Attention: Mr David P. Goodwin

Name:	Thomas J. Moorman	Phone Number:	202/296-8890
Company:	Kraskin, Moorman & Cosson, LLC	Fax Number:	202/296-8893
Street:	2120 L Street, N.W.	E-Mail:	tmoorman@klctele.com
	Suite 520		
City:	Washington	State:	DC
Country:	USA	Zipcode:	22037 –
Contact Title:	Attorney	Relationship:	Legal Counsel

3. Place of Incorporation of Applicant Mississippi
4. Other Company(ies) and Place(s) of Incorporation N/A
14/11

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

	on of authority requested, e.g., Application for Authority to Provide International Facilities-Based and Reso	ld Services to
	nts Except Country X)	
(If the complete de	escription does not appear in this box, please go to the end of the form to view it in its entirety.)	
l I	For Authorization under Section 214 of the Communications Act of 1934,	
á	as Amended, to Resell the Provision of International Services of	
	Authorized U.S. Carriers for the Provision of International Switched,	
l I	Private Line, Data, Television and Business Services to All	
	t request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in ment of how the application qualifies for streamlined processing.	O No
Attachment i a state	ment of now the application qualifies for streammied processing.	
10. If applying for au Attachment 1.	athority to provide switched services over private lines pursuant to Section 63.16, provide the required showing	ng in
Applicant certifies t	hat its responses to questions 11 through 17 are true:	
	nucles responses to questions 11 through 17 are true.	
11 If the applicant is	s a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign	
	ttachment 1 the information and certifications required by Section 63.18(i) through (m).	
,,,		
10.5		
	nt seek authority to provide service to any destination described in paragraphs (1) through (4) Yes If yes, list those destinations in Attachment 1 as a response to question 12.	No
of Section 03.18(J)?	if yes, list those destinations 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.	0	Yes	•	No
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.	•	Yes	0	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.	•	Yes	0	No

CERTIFICATION

18. Typed Name of Person Signing David P. Goodwin	19. Title of Person Signing Chief Executive Officer				
WILLFUL FALSE STATEMENTS MAI (U.S. Code, Title 18, Section 1 (U.S. Code, Title 47, Section	001), AND/OR REV	OCATION OF ANY ST	TATIO	N AUTHORIZATION	
20. 1: SouthernTelCoLLC -1	2: SouthernTelC	o – Att2	3:	SouthernTelCo – Att3	

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

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8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to All International Points Except Country X)

For Authorization under Section 214 of the Communications Act of 1934, as Amended, to Resell the Provision of International Services of Authorized U.S. Carriers for the Provision of International Switched, Private Line, Data, Television and Business Services to All International Points