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:	Abadan, LLC	Phone Number:	213-614-9799
DBA Name:		Fax Number:	
Street:	1413 Kenneth Rd.	E-Mail:	siva_abkarian@yahoo.com
	Suite 235		
City:	Glendale	State:	CA
Country:	USA	Zipcode:	91201 –
Attention	: Siva Abkarian		

2. Contact			
Name	Siva Abkarian	Phone Number:	213-614-9799
Comp	any: Abadan, LLC	Fax Number:	
Street	: 1413 Kenneth Rd.	E-Mail:	siva_abkarian@yahoo.com
	Suite 235		
City:	Glendale	State:	CA
Count	ry: USA	Zipcode:	91201 –
Attent	ion: Siva Abkarian	Relationship:	Same
3. Place of Incorpo	oration of Applicant Californ	ia	
4. Other Company	(ies) and Place(s) of Incorporati	on	
5. Service Type(s)	(check all that apply)		
Global or L	imited Global Facilities-Based	Authority (Section 63.18(e)(1))	
Global or L	imited Global Resale Authority	(Section 63.18(e)(2))	
Individual F	Facilities-Based Service (Section	n 63.18(e)(3))	
Individual S	Switched Resale Service (Section	1 63.18(e)(3))	
Individual F	Facilities-Based and Resale Serv	vice (Section 63.18(e)(3))	
Switched Se	ervices over Private Lines (ISR)	(Section 63.16 and/or 63.18 (e)(3))	
Inmarsat an	d Mobile Satellite Service (Sect	ion 63.18(e)(3))	
Overseas Ca	able Construction (Section 63.18	B(e)(3))	
Individual N	Non-Interconnected Private Line	e Resale Service (Section 63.18(e)(3))	
Other (Section 1)	ion 63.18(e)(3))		

	nitted with this application?
🕶	plete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Governmen	tal Entity Noncommercial educational licensee
Other(pleas	e explain):
6b. Fee Classific	cation CUT – Section 214 Authority
	Country(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or (and Z only".) All International Points
All Internationa	cription of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to l Points Except Country X) ete description does not appear in this box, please go to the end of the form to view it in its entirety.)
	Application for authority to provide international resold services to all international points.
	olicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in statement of how the application qualifies for streamlined processing.

Applicant c	ertifies that	its responses	to questions	11 through 1'	7 are true:

15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.

represent certifies that its responses to questions 11 anough 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 carrier, provide in Attachment 1 the information and certifications required by Section 63.18(i) through (m).		
12. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) of Section 63.18(j)? If yes, list those destinations in Attachment 1 as a response to question 12.	O Yes	No
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.	O 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.		

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	٥	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	٥	No

CERTIFICATION

18. Typed Name of Person Signing Siva Abkarian		19. Title of Person Signing Managing Member		
(U.S. Code, Title 18, Secti	MADE ON THIS FORM ARE PUNISH ion 1001), AND/OR REVOCATION OF tion 312(a)(1)), AND/OR FORFEITUR	FANY STATION AUTHORIZATION	NMENT	
20. 1: ATTACHMENT 1	2: ATTACHMENT 2	3: Form 159		

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 1-6,056 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0686), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to jboley@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0686.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.