INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

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

City of Windom Cable Commuications	Phone Number:	507-831-6129
	Fax Number:	507-831-6127
PO Box 38	E-Mail:	snasby@windom-mn.com
444 9th St		
WINDOM	State:	MN
USA	Zipcode:	56101 – 0038
Steve Nasby		
	PO Box 38 444 9th St WINDOM USA	Commuications Fax Number: PO Box 38 444 9th St WINDOM State: USA Zipcode:

2. Contac	et			
	Name:	James Oss	Phone Number:	651–415–9341
	Company:	Olsen Thielen	Fax Number:	651–483–2467
	Street:	223 Little Canada Road	E–Mail:	joss@otcpas.com
	City:	St. Paul	State:	MN
	Country:	USA	Zipcode:	55117 – 1376
	Attention:	Jim Oss	Relationship:	Other
3. Place of	of Incorporation	n of Applicant Minnesota		
4. Other	Company(ies) a	and Place(s) of Incorporation		
5. Service	e Type(s) (chec	k all that apply)		
☐ Gl	obal or Limited	d Global Facilities–Based Author	ority (Section 63.18(e)(1))	
⊠ Gl	obal or Limited	d Global Resale Authority (Sec	tion 63.18(e)(2))	
Inc	dividual Facilit	ies-Based Service (Section 63.1	18(e)(3))	
Inc	dividual Switch	ned Resale Service (Section 63.1	18(e)(3))	
Inc	dividual Facilit	ies-Based and Resale Service (Section 63.18(e)(3))	
Sv	vitched Service	es over Private Lines (ISR) (Sect	ion 63.16 and/or 63.18 (e)(3))	
In	marsat and Mo	bile Satellite Service (Section 6.	3.18(e)(3))	
	verseas Cable C	Construction (Section 63.18(e)(3		
In	dividual Non–I	nterconnected Private Line Resa	ale Service (Section 63.18(e)(3))	
Ot	ther (Section 63	3.18(e)(3))		

6a. Is a fee submitted with this application? If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
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
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) (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)
Application for Global Resale Authority to All International Points
9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Attachment 1 a statement of how the application qualifies for streamlined processing.
10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in Attachment 1.

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 in an ough 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 (Must be Steve Nasby	a Corporate Officer)	19. Title of Person Signing City Administrator	
(U.S. Code, Title 18, So	ection 1001), AND/OR REV	I ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT WOCATION OF ANY STATION AUTHORIZATION R FORFEITURE (U.S. Code, Title 47, Section 503).	
20. 1: Attachment 1	2: Attachment 2	2 3:]

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