INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: INTERNATIONAL VOIP CONNECTIONS

. Applicant				
N	Name:	INTERNATIONAL VOIP CONNECTIONS, INC.	Phone Number:	904–646–4776
	OBA Name:		Fax Number:	
S	Street:	1591 Pleasant Park Drive East	E-Mail:	marcbach@bellsouth.net
(City:	Jacksonville	State:	FL
(Country:	USA	Zipcode:	32225 –
A	Attention:	Mr Mark Bachman		

2. Contact						
	Name:	James Dickey, Esq.	Phone Number:	410–531–7787		
	Company: Law Offices of Ja:		Fax Number:	410–531–7787		
	Street:	11604 Whitetail Ln	E-Mail:	jim_dickey2003@yahoo.com		
	City: Ellicott City State: MD					
	Country:	USA	Zipcode:	21042 –		
	Attention:	James Dickey, Esq.	Relationship:	Legal Counsel		
3. Place of	Incorporation	n of Applicant Florida				
4. Other C	ompany(ies) a	and Place(s) of Incorporation				
	• • • • •	k all that apply) d Global Facilities—Based Authorit	y (Section 63.18(e)(1))			

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				
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.) NULL				
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 a Corp Marc Bachmann	porate Officer) 19. Title Presider	of Person Signing at			
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	2:	3:			

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