INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Proactive Communications, Inc. – International 214 Application

Name:	Proactive Communications Inc.	Phone Number:	254-699-0067
DBA Name:		Fax Number:	254–699–0073
Street:	3106 South WS Young Dr.	E–Mail:	craig.parker@proactivecommo.com
City:	Killeen	State:	TX
Country:	USA	Zipcode:	76542 –
Attention:	Mr Craig A Parker		

2. Contact				
	Name:	Jonathan S. Marashlian	Phone Number:	703–714–1313
	Company:	Helein & Marashlian, LLC	Fax Number:	703–714–1330
1	Street:	1483 Chain Bridge Road	E-Mail:	jsm@commlawgroup.com
		Suite 301		
	City:	McLean	State:	VA
	Country:	USA	Zipcode:	22101 –
	Attention:	Jonathan S. Marashlian	Relationship:	Legal Counsel
3. Place of I	ncorporation	n of Applicant Texas		
4. Other Co	mpany(ies) a	and Place(s) of Incorporation		
5. Service T	ype(s) (chec	k all that apply)		
Globa	al or Limited	l Global Facilities–Based Authority	(Section 63.18(e)(1))	
X Globa	al or Limited	l Global Resale Authority (Section	63.18(e)(2))	
Indiv	idual Faciliti	ies-Based Service (Section 63.18(e))(3))	
Indiv	idual Switch	ed 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))				
Inma	rsat and Mol	pile Satellite Service (Section 63.18	(e)(3))	
Overs	seas Cable C	Construction (Section 63.18(e)(3))		
Indiv	idual Non–I	nterconnected Private Line Resale S	Service (Section 63.18(e)(3))	
Othe	Other (Section 63.18(e)(3))			

	ed with this application? te and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
"	Entity Noncommercial educational licensee
Other(please e.	-
Other (piease c.	Apidin).
6b. Fee Classificati	on CUT – Section 214 Authority
7. Destination Cou "Countries X, Y, an	ntry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or ad Z only".) All authorized international points
All International Po	tion of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to oints Except Country X) 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 Authorized International Points
Attachment 1 a sta	ant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in tement of how the application qualifies for streamlined processing. Authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in

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

8. Typed Name of Person Signing (Must be Marc LeGare	e a Corporate Officer) 19. Title CEO	19. Title of Person Signing CEO		
(U.S. Code, Title 18, S	TS MADE ON THIS FORM ARE PU ection 1001), AND/OR REVOCATION Section 312(a)(1)), AND/OR FORFE.	N OF ANY STATION AUTHORIZA	ΓΙΟΝ	
20. 1: Attachment 1	2: Attachment 2	3:		

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