INTERNATIONAL SECTION 214 APPLICATION FCC FORM 214 FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: S214 Application for First Telecom Services

1. Applica	nt			
	Name:	First Telecom Services, LLC	Phone Number:	330-835-2272
	DBA Name:		Fax Number:	
	Street:	2561 Bernville Road	E-Mail:	mcegelski@firstcomm.com
		P.O. Box 15164		
	City:	Reading	State:	PA
	Country:	USA	Zipcode:	19612 – 5164
	Attention:	Mary Cegelski		

2. Contact							
Name:	Joan M. Griffin	Phone Number:	202-342-8573				
Company:	Kelley Drye & Warren LLP	Fax Number:	202-342-8451				
Street:	3050 K Street NW	E-Mail:	jgriffin@kelleydrye.com				
	Suite 400						
City:	Washington	State:	DC				
Country:	USA	Zipcode:	20007 –				
Attention:		Relationship:	Legal Counsel				
3. Place of Incorporation	n of Applicant Ohio						
4. Other Company(ies)	and Place(s) of Incorporation						
5 Camina Tima(a) (abaa	de all that ample)						
5. Service Type(s) (checonomic Global or Limited	ck an that apply) d Global Facilities–Based Authori	ity (Section 63.18(e)(1))					
	d Global Resale Authority (Section						
	Individual Facilities—Based Service (Section 63.18(e)(3))						
	Individual Switched Resale 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 Service	es over Private Lines (ISR) (Section	on 63.16 and/or 63.18 (e)(3))					
	bile Satellite Service (Section 63.						
	Construction (Section 63.18(e)(3))						

 $Individual\ Non-Interconnected\ Private\ Line\ Resale\ Service\ (Section\ 63.18(e)(3))$

Other (Section 63.18(e)(3))

	d with this application? e 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 ex	·
6b. Fee Classification	on CUT – Section 214 Authority
7. Destination Coun "Countries X, Y, and	try(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or All international points
All International Po	ion of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to ints Except Country X) lescription does not appear in this box, please go to the end of the form to view it in its entirety.)
	Application to provide global or limited global facilities-based service pursuant to Section 63.18(e)(1) and global or limited global resale services pursuant to Section 63.18(e)(2).
	nt request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in ement of how the application qualifies for streamlined processing.
10. If applying for a Attachment 1.	uthority 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

18. Typed Name of Person Signing (Must be a Corp Richard D. Poore	19. Title of Person Signing President			
WILLFUL FALSE STATEMENTS MAD (U.S. Code, Title 18, Section 19) (U.S. Code, Title 47, Section 3)	001), AND/OR REV	OCATION OF ANY S'	TATION AUTHORIZATION	
20. 1: Attachment 1	2: Attachment 2		3:	

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