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: Smoothstone IP Communications Corporation 214

1. Applica	nt			
	Name:	Smoothstone IP Communications Corporation	Phone Number:	502-315-5120
	DBA Name:		Fax Number:	
	Street:	200 Smoothstone Center	E-Mail:	
		401 S Fourth Street		
	City:	Louisville	State:	KY
	Country:	USA	Zipcode:	40202 –
	Attention:	Mr Jeffrey Wellemeyer		

2. Contact				
	Name:	Thomas Lynch	Phone Number:	410 349 4990
	Company:	Brennan Lynch LLP	Fax Number:	
	Street:	705 Melvin Avenue	E-Mail:	tlynch@telecomlawyers.com
		Suite 104		
	City:	Annapolis	State:	MD
	Country:	USA	Zipcode:	21401 –
	Attention:		Relationship:	Legal Counsel
3. Place of	Incorporation	n of Applicant Delaware		
4. Other C	ompany(ies) a	and Place(s) of Incorporation		
5. Service	Type(s) (chec	k all that apply)		
★ Glo	bal or Limited	l Global Facilities–Based Authority	(Section 63.18(e)(1))	
Glo	bal or Limited	d Global Resale Authority (Section	63.18(e)(2))	
Indi	ividual Faciliti	ies-Based Service (Section 63.18(e)	0(3))	
Indi	ividual Switch	ned Resale Service (Section 63.18(e)	0(3))	
Indi	ividual Faciliti	ies-Based and Resale Service (Section	ion 63.18(e)(3))	
Swi	tched Service	s over Private Lines (ISR) (Section of	63.16 and/or 63.18 (e)(3))	
Inm	narsat and Mol	bile Satellite Service (Section 63.18)	(e)(3))	
Ove	erseas Cable C	Construction (Section 63.18(e)(3))		
Indi	ividual Non–I	nterconnected Private Line Resale S	Service (Section 63.18(e)(3))	
Oth	er (Section 63	3.18(e)(3)		

	ed 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	piam):
6b. Fee Classification	on CUT – Section 214 Authority
7. Destination Coun "Countries X, Y, and	atry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or d Z only".) All international points and Country United States
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 for Authority to Provide International Facilities-Based and Resold Services to All International Points.
Attachment 1 a stat	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. Sutherity 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

Typed Name of Person Signing (Must be ey Wellemeyer	e a Corporate Officer) 19. Title CTO	of Person Signing	
(U.S. Code, Title 18, S	TS MADE ON THIS FORM ARE PU Section 1001), AND/OR REVOCATIO Section 312(a)(1)), AND/OR FORFEI	N OF ANY STATION AUTHORIZAT	ION
20. 1: A1 Streamline	2: A2 Owners	3:	

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