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: IP Network America LLC Section 214 Application

1. Applicant				
Nan	ne: IP	Network America LLC	Phone Number:	305-428-2020
DBA Nan			Fax Number:	
Stre	eet: 63	355 NW 36th Street	E-Mail:	jvargas1@gate.net
	Su	nite 507		
City	M : M	iami	State:	FL
Cou	ntry: US	SA	Zipcode:	33166 –
Atte	ention: Jai	iro Vargas		

Name:	Shannon M. Heim	Phone Number:	612-340-8899
Company:	Dorsey & Whitney LLP	Fax Number:	
Street:	50 S. Sixth Street	E-Mail:	heim.shannon@dorsey.com
	Suite 1500		
City:	Minneapolis	State:	MN
Country:	USA	Zipcode:	55402 -
Attention:		Relationship:	Legal Counsel

3. Place of Incorporation of Applicant Florida

4. Other Company(ies) and Place(s) of Incorporation

5. Service Type(s) (check all that apply)

1 (Global or Limited	Global	Facilities-	-Based	Authority	(Section	63.	18(e)(1))
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Global or Limited Global Resale Authority (Section 63.18(e)(2))

Individual Facilities–Based 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 Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))

Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))

Overseas Cable Construction (Section 63.18(e)(3))

Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))

Other (Section 63.18(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 ON Noncommercial educational licensee

O 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	ot Country X and Country Y" or
"Countries X, Y, and Z only".)	Mexico			

All International Points Excent Country X)	8. Caption (description of authority reque	sted, e.g., Application fo	r Authority to Provide I	nternational Facilities-	-Based and Resold Services to
An international Folia's Except Country X	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 to provide resold international interexchange service to Mexico.

• Yes

O No

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.

۲	Yes	0
0	Yes	۲
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No

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.

15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.

16. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subje 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.	^{xt}	Yes	O 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.	у 🖲	Yes	O No

CERTIFICATION

18. Typed Name of Person Signing (Must be Jairo Vargas	a Corporate Officer)	19. Title of Person Administrator	Signing		
	S MADE ON THIS FORM ction 1001), AND/OR REV ection 312(a)(1)), AND/OR	OCATION OF ANY	STATION AUTHO	ORIZATION	
20. 1: Attachment 1	2: Attachment 2		3:		

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