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: Application for 214 International Global Resale Authority on behalf of Ally Telecom, LLC

| 1. Applicant | | | |
|--------------|------------------------|---------------|----------------------|
| Name: | Ally Telecom, LLC | Phone Number: | 407–260–1011 |
| DBA Name: | | Fax Number: | |
| Street: | 2800 N. Dallas Parkway | E-Mail: | mark@csilongwood.com |
| | Suite 110 | | |
| City: | Plano | State: | TX |
| Country: | USA | Zipcode: | 75093 – |
| Attention: | Gary Shapiro | | |
| | | | |

| 2. Contact | | | | |
|-------------------|------------------|----------------------------------|------------------------------|----------------------|
| Nan | ne: Leon | Nowalsky | Phone Number: | 504-832-1984 |
| Con | pany: Now | alsky & Gothard | Fax Number: | 504-831-0892 |
| Stre | et: 1420 | Veterans Blvd. | E-Mail: | lnowalsky@nbglaw.com |
| City | : Meta | irie | State: | LA |
| Cou | ntry: USA | | Zipcode: | 70005 – |
| Atte | ntion: | | Relationship: | Legal Counsel |
| | | | | |
| | | | | |
| 3. Place of Incor | poration of Ap | oplicant Texas | | |
| 4. Other Compa | ny(ies) and Pla | ace(s) of Incorporation | | |
| | | | | |
| 5. Service Type(| s) (check all th | nat apply) | | |
| Global or | Limited Glob | al Facilities–Based Authority | (Section 63.18(e)(1)) | |
| Global or | Limited Glob | al Resale Authority (Section 6 | 53.18(e)(2)) | |
| Individua | l Facilities–Ba | ased Service (Section 63.18(e) | (3)) | |
| Individua | Switched Res | sale Service (Section 63.18(e) | (3)) | |
| Individua | l Facilities–Ba | ased and Resale Service (Section | on 63.18(e)(3)) | |
| Switched | Services over | Private Lines (ISR) (Section 6 | 3.16 and/or 63.18 (e)(3)) | |
| Inmarsat | and Mobile Sa | tellite Service (Section 63.18(| e)(3)) | |
| Overseas | Cable Constru | action (Section 63.18(e)(3)) | | |
| Individua | Non-Interco | nnected Private Line Resale Se | ervice (Section 63.18(e)(3)) | |
| Other (Se | ction 63.18(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 | · · |
| Other (picase ex | plant). |
| 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 d Z only".) 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 for Authority to Provide International 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

| 18. Typed Name of Person Signing (Must be a Corporate Officer) Tim Terrell | | 19. Title of Person Signing Member | | |
|--|-------------------|---------------------------------------|----------------------|--|
| WILLFUL FALSE STATEMENTS MAI (U.S. Code, Title 18, Section (U.S. Code, Title 47, Section | 001), AND/OR REVO | OCATION OF ANY S | TATION AUTHORIZATION | |
| 20. 1: Attachment 1 | 2: Attachment 2 | | 3: | |

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